NOV 28 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37998

1. PLACE OF DEATH
County Jackson — Registration District No. 404 — File No.
Township Washington — Primary Registration District No. 5558 — Registered No. 83
City (No. In Balance on Highway 71 near Lee Lib St. Ward)

2. FULL NAME Kathryn Francis Hughes
(a) Residence, No. Harrisonville Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas. M. Hughes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9-1918
7. AGE YEARS 18 MONTHS 2 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County Mo.

FATHER
13. NAME Orange Lathrop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald County Mo

MOTHER
15. MAIDEN NAME Maude Demontree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County Mo.

17. INFORMANT (ADDRESS) James M. Hughes Cass County Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Harrisonville Mo DATE 10/24 36
19. UNDERTAKER (ADDRESS) Runnenburger Harrisonville Mo
20. FILED Oct 22, 1936 Fred R. Lindsey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 36, 19
22. I HEREBY CERTIFY, That I attended deceased from Sixty Seven, 19 to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:
Medical Action
Cerebral Hemorrhage
Shipbrook Septicemia
Date of onset
Other contributory causes of importance:
Name of operation Autopsy Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
V. S. NO. 2 100M-1-20-36 I X7044