

SEP 24 1937

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

Do not use this space.

PLACE OF DEATH

County Randolph Co
Township Silver Creek
City (No.) St. Ward)

Registration District No. 731
Primary Registration District No. 5973

File No. 31545
Registered No. 6

2. FULL NAME Army Jane Hughes

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 17 7 28

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) Randolph Co

13. NAME John Pitts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Eliza Wiley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. John W. Hughes (ADDRESS) Hughes

18. BURIAL, CREMATION OR REMOVAL PLACE Int Grav DATE Aug 25, 1937

19. UNDERTAKER Don B. ... (ADDRESS) ...

20. FILED Aug 27, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936 to 19 1937

I last saw him alive on June 17, 1937 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Paralyzed
stroke (stroke)
his husband
and Hughes say
when she had this
fall on Aug 23, died
Other contributory causes of importance:
before could get a
doctor

Date of onset 1936

Name of operation 8201 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) J. H. ... M. D.
(Address) Hughes MO

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.

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OCCUPATION

FATHER

MOTHER

Registrar

