

NOV 19 1937

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

Do not use this space.

38155

1. PLACE OF DEATH

County MACON
Township _____
City BEVIER (No. _____)

Registration District No. 527
Primary Registration District No. 5703
4313

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME KATHERINE G. HUGHES

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

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 OR (OR) WIFE OF William Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 25-1889

7. AGE: YEARS 47 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DOMESTIC

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) MOLINE (STATE OR COUNTRY) ILL.

13. NAME John G. Ripplin

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) ILL.

15. MAIDEN NAME JAMES HUNTER

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) ILL.

17. INFORMANT Mrs. Hughes (ADDRESS) Bevier Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE FIRST Oakwood DATE Oct 14 1937

19. UNDERTAKER J. S. Edwards (ADDRESS) Bevier Mo

20. FILED Oct 21 1937 Edw. Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 - 37, 1937, to Oct 11 - 37, 1937

I last saw her alive on Oct 11 - 37, 1937. Death is said to have occurred on the date stated above, at 4:50 P. m.

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

Acute toxic hepatitis with gastro-enteritis (Date of onset) 12 5 37

Other contributory causes of importance: Chronic glycerol-nephritis & secondary anemia

Name of operation None Date of _____
What test confirmed diagnosis? Chemical 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? 70
If so, specify _____

(Signed) A. L. Cassie M. D.
(Address) Macon Mo

N. B.—Every item of information should be carefully supplied. A copy should be retained for the purpose of a statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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