NOV 22 1937

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

Do not use this space.

2
1

1. PLACE OF DEATH

County Ozark
Township [illegible]
City Elijah, ~~Mo.~~ (No. , St. Ward)

Registration District No. 647
Primary Registration District No. 5857
File No. 38394
Registered No.

2. FULL NAME Margarete Lousia 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 57 yrs. 4 mos 27 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 James Oliver Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 18~~80~~ 76

7. AGE YEARS ~~57~~ 61 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.

35

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) Ozark Co., Missouri.

FATHER
13. NAME W. L. Tackitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER
15. MAIDEN NAME Sarah Spoon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT J. O. Hughes (ADDRESS) Elijah, Mo.

18. BURIAL, CREMATION, OR REMOVAL Spoon Cemetery PLACE Elijah, Mo. DATE Oct. 31, 37

19. UNDERTAKER Mrs. Hal Thornburgh (ADDRESS) West Plains, Mo.

20. FILED 11-10 1937 C A Beach *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1930 to Oct 30 1937

I last saw her alive on Oct 30 1937 Death is said to have occurred on the date stated above, at 2:45 a.m.

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

Chronic Interstitial Nephritis — Date of onset 1933

131

Other contributory causes of importance:

Large Cyst of right ovary — 18 y ago

Name of operation 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? no

If so, specify

(Signed) C A Beach, M. D.

(Address) Elijah, 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.

77

2

1
31
31