

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.

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

Do not use this space.

JAN 19 1938

1. PLACE OF DEATH
 492 County Jackson Registration District No. 398²
 Township Independence Primary Registration District No. 3919¹
 City Independence (No. 606 W. Stocker) St. _____ Ward _____

2. FULL NAME Marion Hughes
 (a) Residence, No. 606 W. Stocker 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)

File No. 45570
 Registered No. 400

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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) Missouri

FATHER

13. NAME Isaac Freeman 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. 31

MOTHER

15. MAIDEN NAME Fannie Hughes

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

17. INFORMANT Hattie Taylor etc
 (ADDRESS) 606 W. Stocker

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 12/7 1937

19. UNDERTAKER Watkins Bros.
 (ADDRESS) 1729 1/2 E. 12th

20. FILED 12-14-37 H. S. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1937, to Dec 4 1937.
 I last saw her alive on Dec 3 1937. Death is said to have occurred on the date stated above, at 7:40 a.m.
 The principal cause of death and related causes of importance were as follows:
arterial thrombosis
Senility
 Date of onset 12/3/37

Other contributory causes of importance:
Senility

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 _____, 1937
 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) S. H. Griffin M. D.
 (Address) 1096 Maple Joseph Mo.

