

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

Do not use this space.

7

1. PLACE OF DEATH
 County Adair Registration District No. 2
 Township _____ Primary Registration District No. 5002
 City Bonneleville (No. _____) St. _____ Ward _____

2. FULL NAME Ida Louisa Hughes 720
 (a) Residence, No. Bonneleville 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. 1836
 Registered No. 2

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-9-1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>9</u>	<u>11</u>	

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

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) Bonneleville Missouri

MOTHER FATHER

13. NAME John D. Miller

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

15. MAIDEN NAME Louisa Schuele

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

17. INFORMANT J. M. Hughes
 (ADDRESS) Bonneleville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Youngs Cent. DATE 1-20-1938

19. UNDERTAKER DeRiley Funeral Home
 (ADDRESS) Richwood Mo

20. FILED 1/20 1938 J. S. Cashin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Jan 18, 1938
 I last saw h. alive on Jan 15, 1938. Death is said to have occurred on the date stated above, at 9:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset Jan 7

Other contributory causes of importance:
Pneumonia 15 yrs
Old Valvular Heart Disease
Jan 10 40s

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external cause (trauma), fill in also the following:
 Accident, suicide, or homicide? no 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. S. Cashin M. D.
 (Address) Youngs Mo

RECEIVED

FEB 21 1938

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 MISSOURI STATE BOARD OF HEALTH

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.

