REC'D APR 18 1938

13

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

Do not use this space.

1. PLACE OF DEATH
County Caldwell,
Township Fairview,
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 92
Primary Registration District No. 5139

File No. 10291
Registered No. 4

2. FULL NAME Sallie May Hughson, 2.50

(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 20 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. [redacted], MARRIED, [redacted]ED, OR [redacted] (write the word): Married,

5A. IF MARRIED, [redacted], OR [redacted] (OR) WIFE OF: Alfred W. Hughson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept.-28th-1865

7. AGE: YEARS 72 | MONTHS 5 | DAYS ~~5~~ 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Work,
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dalesville, Indiana.

FATHER
13. NAME: David Dillman,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia,

MOTHER
15. MAIDEN NAME: Melvina Pugsley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana.

17. INFORMANT (ADDRESS): Dayton Hughson, Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Braymer Evergreen-Mar.-6th-1938

19. UNDERTAKER (ADDRESS): E. P. Michael, Braymer, Mo.

20. FILED Mch 6, 1938 H. H. Patterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933, to Mar 4, 1938
I last saw her alive on Mar 3, 1938. Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bulbar Paralysis	2/19/38

Other contributory causes of importance:

Chronic Inst. Nephritis	6/13/33
Mitral Inf.	6/18/33

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?
If so, specify
(Signed) C. L. Woolsey M.D., M. D.
(Address) Braymer, Mo

97

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.

1938-3-4
1865-9-28
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