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.

REC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Saline
Township:
City: Marshall (No. ..... St. ..... Ward)

Registration District No. 496
Primary Registration District No. 3038

File No. 12208
Registered No. 35

2. FULL NAME: Nannie Maude Hughes 220

(a) Residence, No. 364 West Summit 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	1	19	

OCCUPATION

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

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) Saline County Missouri 0

FATHER

13. NAME Lee Hughes 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 0

MOTHER

15. MAIDEN NAME Marcella Gilliam

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

17. INFORMANT Mrs Charles Potter
(ADDRESS) Marshall, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE April 2, 1938

19. UNDERTAKER Campbell-Lewis Funeral Home
(ADDRESS) Marshall, Mo.

20. FILED 4-2-, 1938 Mary Kent Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1925 to Mch. 31, 1938, that I last saw h. alive on Mch. 31, 1938. Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Coronary obstruction	
Other contributory causes of importance: 94-10	
Arteriosclerosis	1925

Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? no

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) F. A. Oberle, M. D.
712 (Address) Marshall, Mo.