

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.

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

Do not use this space.

File No. **32211**
Registered No. **698**
St. _____ Ward _____

1. PLACE OF DEATH
 County **GREENE** Registration District No. **316**
 Township _____ Primary Registration District No. **2001**
 City **SPRINGFIELD** (No. **Burgess Hospital**)
 2. FULL NAME **Ona Lee Hughes** **270**
 (a) Residence, No. **809 S. Campbell** St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. **2** ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1938				
7. AGE	YEARS 0	MONTHS 0	DAYS 2	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None			
	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) Springfield (STATE OR COUNTRY) Missouri				
FATHER	13. NAME Robert L. Hughes			
	14. BIRTHPLACE (CITY OR TOWN) Ark (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Ona Weatherman			
	16. BIRTHPLACE (CITY OR TOWN) Nalnut Shade (STATE OR COUNTRY) Mo			
17. INFORMANT Robert L. Hughes (ADDRESS) Springfield, Mo. 809 S. Campbell				
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Sept. 12, 1938				
19. UNDERTAKER G. C. Higgins (ADDRESS) Springfield, Mo.				
20. FILES Sept 12, 1938 Chas. A. George Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 10, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **September 8, 1938, to September 10, 1938**
 I last saw him alive on **September 10, 1938** Death is said to have occurred on the date stated above, at **4:20** P. M.
 The principal cause of death and related causes of importance were as follows:
Encephalitis
Pneumococcus
 Date of onset _____

Other contributory causes of importance:
Pneumococcus

Name of operation _____ Date of _____
 What test confirmed diagnosis **Laboratory** Was there an autopsy? **Yes**

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) **Henry J. Bernhart** M. D.
 (Address) **450 1/2 E. Coni**

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