

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

Do not use this space.

38150

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 97 (Ward)

2. FULL NAME Mrs. Mary Alice Hughes

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR MARRIED (Use the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 23 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>7</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. _____
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer. _____

9. BIRTHPLACE (CITY OR TOWN) Lexington Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Robert Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lafayette Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Alice Narlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Lafayette Co Mo.

14. INFORMANT Miss Elvira Hughes
(Address) Richmond Mo.

15. FILED Nov 19 29 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1929, to Nov. 13, 1929 that I last saw her alive on Nov. 10, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor pneumonia

190
162 (duration) yrs. mos. 7 ds.

CONTRIBUTORY Scurvy (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Physical findings

(Signed) Harry Shelduff M. D.

Nov. 16, 1929 (Address) Richmond Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cem. DATE OF BURIAL 11-15-29

20. UNDERTAKER A. W. Hanson R. Address Richmond Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should supply necessary support. Do not use this space.

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