

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

Do not use this space.

37607

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. \_\_\_\_\_)

Registration District No. 144  
Primary Registration District No. 5976 B

File No. \_\_\_\_\_  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Margreto Hughes

(a) Residence, No. \_\_\_\_\_ 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)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 3 15

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

13. NAME F. M. Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co., Mo.

15. MAIDEN NAME Lillian Frost

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

17. INFORMANT H. Hughes  
(ADDRESS) Honrietta Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 11-4-33

19. UNDERTAKER E. M. Jones  
(ADDRESS) Richmond Mo

20. FILED 11-10 1933 E. E. Ray Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3<sup>rd</sup>, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28<sup>th</sup>, 1933, to Nov 3<sup>rd</sup>, 1933  
I last saw her alive on Oct 25<sup>th</sup>, 1933 Death is said to have occurred on the date stated above, at 6:15 Am.

The principal cause of death and related causes of importance were as follows:  
Pneumonia (Colonial) Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Whooping cough

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. H. Fredendall, M. D.  
(Address) Keokuk, Mo

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.

NOV 10 1933

