

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 1929  
4524

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.

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

Do not use this space.  
706

1. PLACE OF DEATH

County Polk  
Township Liberty  
City Liberty (No. ....)

Registration District No. 201  
Primary Registration District No. 3012

File No. ....  
Registered No. 5  
St. .... Ward)

2. FULL NAME

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1967

7. AGE YEARS MONTHS DAYS  
62 | - | - | If LESS than 1 day, - hrs. or - min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Was her own  
(b) General nature of industry, business, or establishment in which employed (or employer) Domestic  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Fannie (?)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT (Address) Fannie Holsell

15. FILED 7/10/29 W. H. Garrison REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 1, 1928, to Dec 5, 1928 that I last saw h. alive on Jan 10, 1929, and that death occurred, on the date stated above, at about m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Probable cause was heart failure due to weakened condition caused by influenza in Dec 1928  
HB (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) HB (duration) yrs. mos. da.

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?  
(Signed) W. H. Garrison, M. D.  
, 19 (Address)

\*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 Fairview DATE OF BURIAL Jan 26 1929

20. UNDERTAKER J. H. Hill ADDRESS Liberty Mo

