

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

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.

OCT 28 1935

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

Do not use this space.

30536

1. PLACE OF DEATH

County St. Francois Registration District No. 773  
Township St. Francois Primary Registration District No. 4464  
City Farmington (No. ....) St. .... Ward)

2. FULL NAME Isabelle 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. M. Hughes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 16, 1847</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>10</u>
	DAYS <u>14</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Jessie Mackley</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Isabelle Faulkner</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Charles Meyer</u> (ADDRESS) <u>Farmington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield Mo</u> DATE <u>Oct 2</u> 19 <u>35</u>		
19. UNDERTAKER <u>C. J. Boyer</u> (ADDRESS) <u>212 Walnut St</u>		
20. FILED <u>Oct 2 1935</u> <u>J. M. Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1935 to Sept 30 1935  
I last saw her alive on Sept 30 1935. Death is said to have occurred on the date stated above, at 2:40 P.M.  
The principal cause of death and related causes of importance were as follows:  
Senility and Natural cause  
162  
Other contributory causes of importance:

Date of onset
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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?.....  
If so, specify L. M. Stanfield M. D.  
(Signed) Farmington Mo.  
(Address)

