

STANDARD CERTIFICATE OF DEATH

Registered No. 323

St. Anna State (Conservative No.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 6 mos. 3 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Hughes (a) Residence: No. (Usual place of abode) St. Ward Effingham, Illinois (If non-resident 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) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No data

6. DATE OF BIRTH (month, day, and year) No data 1860

7. AGE Years 74 Months No data Days No data If LESS than 1 day, ... hrs. or ... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 1900 11. Total time (years) spent in this occupation no data

12. BIRTHPLACE (city or town) (State or country) No data

FATHER 13. NAME No data 14. BIRTHPLACE (city or town) (State or country) No data

MOTHER 15. MAIDEN NAME No data 16. BIRTHPLACE (city or town) (State or country) No data

17. INFORMANT Agnes E. Thornsberry (personal signature with pen and ink) P. O. Address Anna, Illinois

18. PLACE OF BURIAL, Cremation or Removal Cemetery Hospital 19. DATE Oct, 30, 1934 Location Anna State Hospital (Township, Road Dist., Village or City) County Union State Illinois

20. UNDERTAKER H. R. McCarty (personal signature with pen and ink) Anna, Ill. (firm name, if any)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct, 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 9th, 1923 to Oct, 29th, 1934. I last saw her alive on Oct, 29th, 1934; death is said to have occurred on the date stated above, at 9:30A. m.

\*The principal cause of death and related causes of importance were as follows: Chronic Myocarditis Date of Onset 1931.

Other contributory causes of importance: none

23. Was an operation performed? NO Date of For what disease or injury? Was there an autopsy? NO What test confirmed diagnosis? Physical Ex.

24. If a communicable disease; where contracted? Was disease in any way related to occupation of deceased? If so, specify how: (Signed) C. D. Nobles M. D. Address Anna State Hosp, Anna, Ill. Date Oct, 29th, 1934 Telephone

\*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed Oct, 30th 1934 C. F. Watson Registrar. P. O. Address Anna, Ill.

MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFAADING INK. THIS IS A PERMANENT RECORD

NOTE: Local Registrars must make on this form a complete and accurate copy of the Original Certificate, and forward this copy to County Clerk on 10th day of each month. Transmissions or abbreviations must not be made. Local Registrars must not issue this form to Undertakers, Physicians or others, but must use it only for preparing County Clerk's (or Local Registrar's) Copies.

Has decedent ever served in military or naval service of U. S.?

(24173-50M-3-34)

State of Illinois County of Union SS

I, GODEY TOLER JR., County Clerk of Union County, Illinois, do hereby certify the above and true to be a true copy of the original on file and of record in my office. Date: 4/3/87

Bobby Tol... County Clerk of Union Illinois