

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

Do not use this space.

36350

PLACE OF DEATH

County.....Cole
Township.....
City.....Jefferson

Registration District No. 213
Primary Registration District No. 3014
(No. St. Mary's Hospital)

File No.....
Registered No. 311
St. Ward)

2. FULL NAME.....Louis P. Huhman
(a) Residence. No. 742 Clark Ave. 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 Male 4. COLOR OR RACE White 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) 8-1-1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 4 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN).....St. Thomas
(STATE OR COUNTRY).....Mo.

10. NAME OF FATHER.....Frank Huhman

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

12. MAIDEN NAME OF MOTHER.....Amelia Kraus

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

14. INFORMANT.....Frank Huhman
(Address).....Jefferson City, Mo.

15. FILED 12-19, 1927. J. A. Bedford, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-14-1927

17. I HEREBY CERTIFY, That I attended deceased from 12/13, 1927, to 12/14, 1927, that I last saw him alive on 12/13, 1927, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidentally fell from a bluff while out hunting at night. Had fractured skull.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. C. Meyer M. D.

12/15, 1927 (Address) Jefferson City 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.....Osage Bend, Mo. DATE OF BURIAL.....12-16-1927

20. UNDERTAKER.....Chas. P. Heinrichs ADDRESS.....J. C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly. ROE should be stated EXACTLY. PHYSICIANS should state exactly. ROE should be stated EXACTLY.

