FEB 20 1928

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

Do not use this space.

219

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.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 25
City St. Joseph (No. 910, Pacific Street St. Ward)

2. FULL NAME Albert Victor Hufey
(a) Residence. No. 910 Pacific St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 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): married

5A. If Married, Widowed, or Divorced
HUSBAND OF (OR) WIFE OF: Zoe Hufey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 15 - 1859

7. AGE: Years 68 — Months 7 — Days 23 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer): Self Repairing Shoes
(c) Name of employer: Employer

9. BIRTHPLACE (CITY OR TOWN): Sweden
(STATE OR COUNTRY): Sweden

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Sweden
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Sweden

14. INFORMANT: Mrs Zoe Hufey
(Address): Cor Jos Ave

15. FILED JAN 9 1928, 19 — John G. Wh — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1927, to Jan 2, 1928, that I last saw him alive on Jan 2, 1928, and that death occurred, on the date stated above, at 2:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
97A Mitral regurgitation
82A
90A
(duration) yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY): Paralysis (Apoplexy)
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Charles H. Werner M. D
Jan 9, 1927 (Address) 315 Kirkpatrick Bldg

*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: ~~Mt Auburn County~~ Mt City Cemetery — DATE OF BURIAL: Jan 9 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis