20 1928

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

Do not use this space.

32944

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township " " — Primary Registration District No. 3009 — Registered No. 1225
City " " (No. , St. Ward)

2. FULL NAME John T. Huckstep
(a) Residence. No. 549 So. Benton 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20-1857

7. AGE: Years 71 — Months 1 — Days 28 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston, Mo.

PARENTS
10. NAME OF FATHER Joseph Huckstep
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co
12. MAIDEN NAME OF MOTHER Sarah Hancock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

14. INFORMANT Morris Huckstep
(Address) Cape Girardeau Mo.

15. FILED 10/20, 1928 W. C. Koenigsfeld REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/18 1928

17. I HEREBY CERTIFY, That I attended deceased from 10/16, 1928, to 10/18, 1928, that I last saw him alive on 10/18, 1928, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis 23A 11A 31 (duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 10 ds.

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? Gen'l Sym.
(Signed) C. L. Beauregard, M. D.
, 19 (Address) Cape Girardeau 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: Fairmount Cem. — DATE OF BURIAL: Oct 20 1928

20. UNDERTAKER: Walther Und. Co. — ADDRESS: Cape Girardeau Mo

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.