

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

Do not use this space.

8729

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1000
 City St. Louis (No. 628 - Lynch)

File No.
 Registered No. 2402
 St. 24 Ward)

2. FULL NAME

Parnelie H. Huffman
 (a) Residence. No. 628 Lynch (b) W Ward.
 (Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Give the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 - 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
88 | 4 | 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Alexandria
 (STATE OR COUNTRY) Ill

10. NAME OF FATHER Mrs Let

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

14. INFORMANT Robert Massey
 (Address) 628 Lynch

15. FILED 22 1929 Miss C. Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 19 1929 to Feb 21 1929
 that I last saw him alive on Feb 21 1929 and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Arterio Sclerosis
186A
194B
97 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Shock caused by fracture of right femur from fall from bed
 (duration) 1 yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? Accident
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) St. Louis Schuchat, M. D.
Feb 21, 1929 (Address) 2200 Chouteau ave

*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 St. Matthews DATE OF BURIAL Feb 23 1929

20. UNDERTAKER Wacker Helderle ADDRESS 2331-58th

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.

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