OCT 24 1929

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

Do not use this space.

32744

File No. .....

Registered No. 52

**1. PLACE OF DEATH**

County: Stoddard  Registration District No.: 840

Township: Duck Creek  Primary Registration District No.: 6102

City: ..... (No. ..... St. ..... Ward)

**2. FULL NAME** Wesley Huffstuttler

(a) Residence. No. ~~Non~~ Oxiria Mo 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | white | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29 1852

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 76 | 4 | 17 | |

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): Advance Mo

PARENTS

10. NAME OF FATHER: James Huffstuttler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dunn Prom

12. MAIDEN NAME OF MOTHER: Lilke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dunn Prom

14. INFORMANT: James Huffstuttler
(Address): Oxiria Mo

15. FILED 9/16 1929 E L Hope REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 16 1929, to Sept 16 1929, that I last saw him alive on Sept 10 1929, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Varicose Eczema of Left Leg

72A

(duration) ..... yrs. 6 mos. 2 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... 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? –

(Signed) E. L. Edmond, M. D.

9/16, 1929 (Address) Oxiria 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: Stoddard  DATE OF BURIAL: Sept 16 1929

20. UNDERTAKER: H. Prom wholesaling  ADDRESS: Oxiria 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.