WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 12403
Township Kan — Primary Registration District No. 1003 — Registered No.
City N. E. MO (No. 308 Garfield St. Ward)

2. FULL NAME Ralph Huff
(a) Residence, No. 308 Garfield (Jefferson Home) St., 9 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: M
4. COLOR OR RACE: W
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) Jan 16-31
7. AGE: YEARS 1 — MONTHS — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baby
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyo 2

FATHER
13. NAME Ralph E. Huff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO 1

MOTHER
15. MAIDEN NAME Dorothy Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont 2

17. INFORMANT (ADDRESS) Dorothy Huff 308 Garfield
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 1-23 1932
19. UNDERTAKER (ADDRESS) Lopetina KC MO
20. FILED 1/23 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1932
22. I HEREBY CERTIFY, That I attended deceased from 1/18/32, 19.., to 1/18/32, 19..
I last saw him alive on 1/18/32, 19.. Death is said to have occurred on the date stated above, at 6:55a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
107A	
67 107A	

Other contributory causes of importance:
Enlarged Thymus (42 grams weight)

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury (1)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm. Howard, M. D.
(Address) Mercy Hospital KC MO