

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

Do not use this space.

3499

File No. Lone
Registered No. 14
St. _____ Ward _____

1. PLACE OF DEATH

County Vernon
Township _____
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

2. FULL NAME

John Gery Huff
(a) Residence, No. 1118 Mc Huff St. 2 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 - 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 11 9

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Church Restroom
9. Industry or business in which work was done, as mill, saw mill, bank, etc. Eating House
10. Date deceased last worked at this occupation (month and year) Jan 16 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Snyder Young

13. NAME Anthony Huff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P.K. Penn

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 31

17. INFORMANT (ADDRESS) Hanna Huff
Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wierfield Cem 1/19 1932

19. UNDERTAKER (ADDRESS) Ferry Funeral Home
Nevada Mo.

20. FILED 1-29 1932 E. R. King
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1932

22. HEREBY CERTIFY, that I attended deceased from Jan 16 1932 to Jan 17 1932
I last saw him alive on Jan 16 1932 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Indigestion Date of onset Jan 16/32
1100 11 S

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____ (Signed) W. S. Love M. D.
Nevada Mo
(Address) _____

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.

FEB 25 1932

