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.

4730

588

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No.
City Kansas City (No. General Hospital # 2 St. Ward)

2. FULL NAME Charles Huff
(a) Residence, No. 714 Holmes St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1901
7. AGE YEARS 30 MONTHS 3 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor
10. Date deceased last worked at this occupation (month and year) Dec. 20, 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piper Kans. 2

FATHER
13. NAME Alexander Huff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattesburg Mo. 1

MOTHER
15. MAIDEN NAME Alice Greenwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans. 2

17. INFORMANT (ADDRESS) Alice Huff Piper, Kans.
18. BURIAL, CREMATION, OR REMOVAL PLACE Piper, Kans. DATE Feb. 15 1932
19. UNDERTAKER (ADDRESS) Adkins Bros. 2000 E. 12th St.
20. FILED 2/13 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-32

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Rupture of Prostate Gland 137 139 36 Date of onset

Other contributory causes of importance:

Gr Bacillus Infection (7)

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? .....
If so, specify .....
(Signed) W. Turner, M. D.
(Address) Deputy Coroner