

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

Do not use this space.

9466

**1. PLACE OF DEATH**

75 County Oregon  
Township moore  
City Thomsonville (No.         )

Registration District No. 1143  
Primary Registration District No. 6845-

File No. 3  
Registered No.           
St.          Ward         

**2. FULL NAME:** Charlie Huddleston

(a) Residence, No.          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. 56 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 18 1855

7. AGE YEARS 76 MONTHS 7 DAYS 10 If LESS than 1 day, hrs.          or min.         

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         

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) Missouri

13. NAME Charlie Huddleston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Ethyl Davidson (ADDRESS) Thomsonville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellah, Can DATE Mar 29, 1932

19. UNDERTAKER Neighbors (ADDRESS)         

20. FILED Mar 30, 1932 Mrs A. P. Roberts Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1932 to 3-28, 1932

I last saw him          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:

Suppose, Angina Pectoris  
He had an attack of Angina Pectoris at 11 P.M. and was dead at 6 A.M.  
Date of onset March 27 1932

Other contributory causes of importance:  
Died in the night time  
No inquest was held. As there was no doubt this to cause of death

Name of operation          Date of           
What test confirmed diagnosis?          Was there an autopsy? no

23. If death was due to external causes (violent or not) 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) J. E. Pace, M. D.  
(Address) Thomsonville Mo

Information should be carefully supplied and EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1932

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