

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

Do not use this space.

9598

1. PLACE OF DEATH

81 County Phelps Registration District No. 678
Township St James Primary Registration District No. 5904
City Soldiers Home (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah Huff
(a) Residence, No. Soldiers Home St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. 6 mos. 8 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/10/1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Member Soldiers Home

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) Douglas County, Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown MO

15. MAIDEN NAME Unknown

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

17. INFORMANT O. V. Stahl (ADDRESS) St James

18. BURIAL, CREMATION, OR REMOVAL PLACE Soldiers Home DATE Mar 18 - 1932

19. UNDERTAKER James and Taylor (ADDRESS) St James Mo

20. FILED B-18 1932 Henry P. Walters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932, to March 16, 1932

I last saw her alive on March 16, 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Influenza (Bacterial Pneumonia)
119

Date of onset 3/4/32

Other contributory causes of importance: 107# 110A ①

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

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) William H. Brewer, M. D.
(Address) St James, 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.

APR 28 1932

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

