

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

Do not use this space.

22200

1. PLACE OF DEATH

17 County Carroll Registration District No. 134
Township Rockford Primary Registration District No. 5187
City Quincy (No. _____) St. _____ Ward _____

2. FULL NAME

(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. 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-17-1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 6 12

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.
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) Carroll Mo

13. NAME Samuel Huffman

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

15. MAIDEN NAME Lottie Burdy

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

17. INFORMANT Samuel Huffman (ADDRESS) Busby St Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elizabeth Seminary DATE July 30, 1932

19. UNDERTAKER Amis Hospital (ADDRESS) Quincy Mo

20. FILED July 29, 1932 Mrs. Bess Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jul 29, 1932 to Jul 29, 1932
I last saw him alive on Jul 29, 1932 Death is said to have occurred on the date stated above, at 5 a
The principal cause of death and related causes of importance were as follows:

It was
due to asphyxiation
gained from
teething
Other contributory causes of importance:
Teething

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 Jul 29, 1932
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Asphyxiation
Nature of injury Teeth

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. B. Brown, M. D.
(Address) 3000 North Ave

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.

SEP 22 1932

PHOTOGRAPHIC RECORD

