

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

Do not use this space.

28886

File No. 3
Registered No. 2
St. _____ Ward _____

1. PLACE OF DEATH
34 County Douglas Registration District No. 250
Township Champion Primary Registration District No. 5391
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Richard M. Huffer
(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 ♂ 4. COLOR OR RACE W 5. SINGLE-MARRIED, WIDOWED, OR DIVORCED Quarantined

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 4 26

OCCUPATION
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. Farmers
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) Tenn.

FATHER
13. NAME Lincy Stokes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Ed. Huffer

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Sept 8 1932

19. UNDERTAKER (ADDRESS) Neighbors

20. FILED Sept 15 1932 Frank Giles Registrar

MEDICAL CERTIFICATE OF DEATH

9
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Sept 7 1932
I last saw him alive on Sept 7 1932 Death is said to have occurred on the date stated above, at 13 P.M.
The principal cause of death and related causes of importance were as follows:
Senility
131 - 1932
165 - 1932

Other contributory causes of importance:
nephritis (1) 1930

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) H. G. James M. D.
(Address) 2nd. Grove

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

