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

Do not use this space.

29008

File No. 29008
Registered No. 654

1. PLACE OF DEATH
39 County Greene — Registration District No. 318
3 Township — Primary Registration District No. 2001
5 City Springfield (No. St Johns Hosp St. Ward)

2. FULL NAME Clarence Huffs.
(a) Residence, No. Lebanon Mo St., Ward. Lebanon Mo
(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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1882

7. AGE: YEARS 52 — MONTHS 5 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 104
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) Laclede Co. Mo 1

FATHER
13. NAME Benjamin Huffs.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 8

MOTHER
15. MAIDEN NAME Celia Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex 2

17. INFORMANT (ADDRESS) Chas. Huffs. Sleeper Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Huffs. Cemet DATE Sept. 18 1932

19. UNDERTAKER (ADDRESS) Herman Lohmeyer Springfield Mo

20. FILED 4-17 1932 Ralph W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932, to Sept 16, 1932
I last saw him alive on Sept 16, 1932. Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	
210F	
210M	
Other contributory causes of importance: Multiple Injuries	211

Name of operation 210 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? Accident Date of injury Sept 16, 1932
Where did injury occur? Lebanon Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: fell off of truck and truck fell on head
Manner of injury Auto Accident
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. H. Greenwood, M. D.
(Address) Springfield, Mo.

MARGIN RESERVED FOR BINDING
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.
OCT 26 1932
L 5-0
V. S. No. 2.