

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

Do not use this space.

**1. PLACE OF DEATH**

3 County Atchison Registration District No. 20  
 Township Paris Primary Registration District No. 5027  
 City Paris (No. ....) St. .... Ward)

File No. 73-4F  
 Registered No. ....

**2. FULL NAME**

Wm James Huelling  
 (a) Residence. No. Wm James St., .... Ward. 4  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 23 - 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>1</u>
	DAYS <u>16</u>	If LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) ..... (c) Name of employer .....		

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm Huelling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marie Steins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Wm Huelling  
 (Address) Westboro, Neb.

15. FILED Jan 10 1933 Wm Vaughn  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1933

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
250F  
 (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF.....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? .....  
 (Signed) W. M. D.  
 , 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Johns Cemetery DATE OF BURIAL Jan 10 1933

20. UNDERTAKER J. M. Davis ADDRESS Paris, 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.

APK

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WHILE LIVING, WITH ONFADING INK—THIS IS A PERMANENT RECORD

