

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

Do not use this space.

1. PLACE OF DEATH

County Shooper Registration District No. 223
 Township Pilot Grove Primary Registration District No. 4136
 City Pilot Grove No. _____ St. _____ Ward _____

File No. 755
 Registered No. 18

2. FULL NAME

James Robert Huckaby
 (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 50 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR WIFE OF) Caroline Huckaby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1856
 7. AGE YEARS 87 MONTHS 5 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 4 yrs ago 11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ditchfield Illinois

13. NAME Samuel Huckaby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Illinois

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Riley Huckaby

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove DATE Jan 18 1933

19. UNDERTAKER (ADDRESS) Hays & Steckman

20. FILED 2-13 1933 Ewing Hunt Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Jan 14 1933 to Jan 16 1933
 last saw him alive on Jan 14 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Cerebral hemorrhage Date of onset 1-14-33

Other contributory causes of importance: Influenza

Name of operation me Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

28. 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) W. S. Sanders M. D.
 (Address) Pilot Grove Mo

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.

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1. [Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]