

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

Do not use this space.

9535

1. PLACE OF DEATH

County Bachson

Registration District No. 279

File No. 1134

Township Haw

Primary Registration District No. 000

Registered No. 1134

City H. C. Mo (No. 1134)

St. Mo

Ward

2. FULL NAME

(a) Residence, No. 509 9A 17 St., Ward.

(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>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Guarita Huffstutter</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1-1901</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>31</u> | <u>9</u> |
| | | DAYS |
| | | <u>6</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation. |
| <u>Labor</u> | | <u>70</u> |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | <u>15</u> |
| 10. Date deceased last worked at this occupation (month and year) | | |

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

MOTHER

13. NAME Roth Huffstutter

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

15. MAIDEN NAME Bertha Brins

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

17. INFORMANT (ADDRESS) Mrs Bertha Huffstutter 1826 Olive St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Mo DATE Mar 8 1933

19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 East 15

20. FILED 3/8 1933 M. M. Corowe Registrar.

A MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1933, to 3-7 1933

I last saw him alive on 3-7 1933 Death is said to have occurred on the date stated above, at 4 P m.

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

Acute Hemorrhage Date of onset 2-26-33

from scrotum

(incision) abscess

Other contributory causes of importance:

Name of operation Incision of scrotum Date of 2-25-33

What test confirmed diagnosis? autopsy as there an autopsy? yes

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? _____

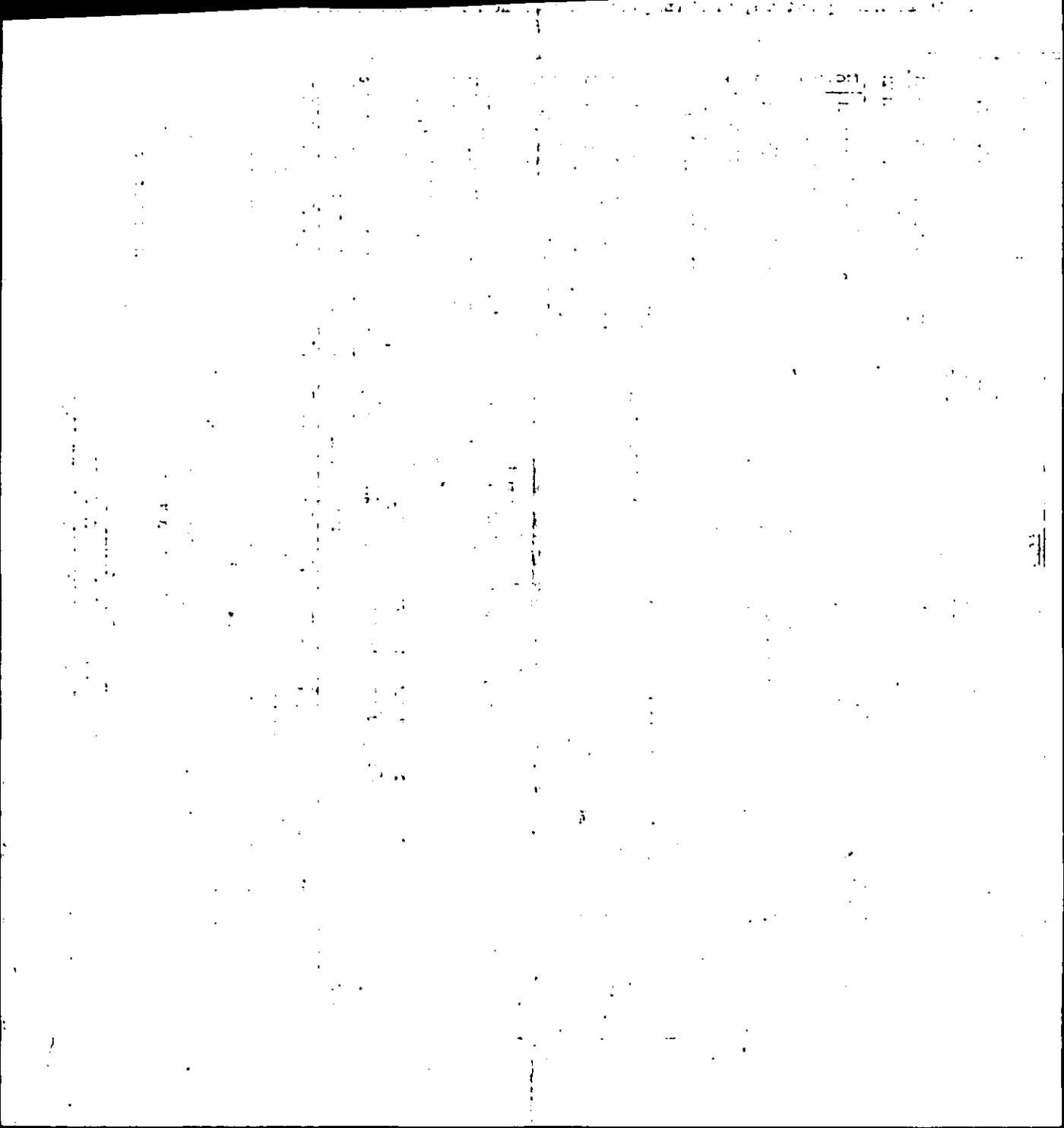
If so, specify Chas. Nelson, M. D.

(Address) 1200 Broadway Bldg

CAUSE OF DEATH IN plain terms, so that it may be properly classified.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. 1134
City..... No. St. Joseph Hospital St. Ward)

2. FULL NAME

Lloyd G. Guffstutter
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

wh

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

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

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.

31

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 3/8 1933 m.m. Kerone REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-7-1933

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..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute hemorrhage from scrotum (Abscess) tuberculous

CONTRIBUTORY Hemophilia - Hereditary (SECONDARY)

Abscess from blood clot

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) Clas Nelson, 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

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-9535