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.

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 786 — File No. 24295
Township Central — Primary Registration District No. 4469 — Registered No. 33
City Maplewood Mo. (No. 3222, Walter Ave. St. Ward)

2. FULL NAME Hannah Huckerby
(a) Residence, No. 3222 Walter Av. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 2 - 1856

7. AGE: Years 76 — Months 10 — Days 30 — If LESS than 1 day, ...hrs. or ....min.

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.
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): Canada

FATHER
13. NAME: James Huckerby.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER
15. MAIDEN NAME: Ellen McConkey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

17. INFORMANT (ADDRESS): Ellen M. Muller. 2150 Knox Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla Cem. DATE: July 3 1933

19. UNDERTAKER (ADDRESS): Jay B. Smith Und. Co. 7456 Manchester Ave.

20. FILED 7/3 1933 Mercedes Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1931, to July 1, 1933
I last saw her alive on July 1, 1933. Death is said to have occurred on the date stated above, at 1030 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis (Chronic)	
423	Sept 28 1931
191	
Other contributory causes of importance: Extreme hot weather	30

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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? No.
If so, specify
(Signed) V. B. Cosby, M. D.
(Address) 7342a Manchester ave.