

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

Do not use this space.

28478

1. PLACE OF DEATH

County Saline
Township _____
City Marshall (No. _____) St. _____ Ward _____

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 120

2. FULL NAME

(a) Residence, No. _____ St. _____ Word _____
(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

2 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1933

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

22. I HEREBY CERTIFY that I attended deceased from Aug. 26, 1933, to Aug 24, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1880

I last saw him alive on Aug 24, 1933. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 5 3

to have occurred on the date stated above, at 9 1/2 m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

Pulmonary edema Date of onset Aug 20
99
111 B

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 _____

Other contributory causes of importance:

Primary arterio-sclerosis

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

Name of operation none Date of _____

13. NAME Wesley H. Huggins

What test confirmed diagnosis antib. Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

15. MAIDEN NAME Georgie Hereford

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT George Huggins (ADDRESS) Marshall Mo.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Aug. 26, 1933

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

19. UNDERTAKER T. H. Campbell (ADDRESS) Marshall Mo.

(Signed) W. H. Huggins, M. D.

20. FILED 8/26/33 Saline Mo. Registrar.

(Address) Marshall, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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