27 1934

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.

659

31

1. PLACE OF DEATH
County Daviess
Township Marion
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 254
Primary Registration District No. 5355

File No. 31
Registered No. .....

2. FULL NAME Alva Dale Huff

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6. 1926

7. AGE YEARS 7 MONTHS I DAYS II 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) Daviess Co, Mo.

FATHER
13. NAME Jonathan Huff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co, Mo.

MOTHER
15. MAIDEN NAME Ina A. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co, Mo.

17. INFORMANT (ADDRESS) Jonathan Huff Weatherby R.F.D 3, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Muddy DATE I/I8/34, 19

19. UNDERTAKER (ADDRESS) G. S. Gromer Pattonsburg, Mo.

20. FILED 1-18-34, 19 Frances C. Sutton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) I/I7/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10/20 A.M. m.

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

	Date of onset
Scarlet Fever	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Jno Hanson, M. D.
(Address) Pattonsburg Mo