

WRITE PERMANENT, 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 Butler Registration District No. 92
 Township Richland Bluff Primary Registration District No. 5137
 City (No.) St. Ward)

File No. 8027
 Registered No.

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18-1914</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.....
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).....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 3/28, 1934 to 3/31, 1934
 I last saw him alive on 3/27, 1934 Death is
 to have occurred on the date stated above, at 11.9 a.m.
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset
3/28-31

1077

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>
13. NAME <u>Walter Henry Cuff</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ark</u>
15. MAIDEN NAME <u>Estlin Corby</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ark</u>
17. INFORMANT <u>Walter Henry Cuff</u> (ADDRESS) <u>Butler mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope</u> DATE <u>4/1</u> , 19 <u>34</u>
19. UNDERTAKER <u>J. S. Russell</u> (ADDRESS) <u>Rolland mo</u>
20. FILED <u>april 10</u> , 19 <u>34</u> <u>Scott Cook</u> Registrar.

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) Scott Cook M. D.
 (Address) Butler mo

