

MAY 25 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 828Township JacksonPrimary Registration District No. 4504City St. Louis (No. 6073)File No. 15424

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

da. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Widowed

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

Sept-1-1846

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

87718

## 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.

Domestic

## 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)

Ind.

## FATHER

## 13. NAME

David Huggins

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

Penn.

## MOTHER

## 15. MAIDEN NAME

Eliza Huggins

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

Ind.

## 17. INFORMANT (ADDRESS)

Mrs. Mollie Huggins, Shelbyville Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

Graveyard

## DATE

Apr 21 1934

## 19. UNDERTAKER (ADDRESS)

Superior Funeral Home, Shelbyville Mo.20. FILED 4/20 1934Mrs. Al Wood

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-193422. I HEREBY CERTIFY, That I attended deceased from 4-1-34, 1934, to 4-12-34, 1934.I last saw him alive on 4-12-34, 1934. Death is saidto have occurred on the date stated above, at 3 P.M.

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

Paralysis affecting throat.Date of onset 4-10-34

Other contributory causes of importance:

Hypertension, mitral insufficiencyName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934

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 no(Signed) Dr. M. Wood(Address) Shelbyville Mo.

M. D.

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.

