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.

JUN 20 1934

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

Do not use this space.

15958

1. PLACE OF DEATH
County Callaway
Township ~~Fulton~~
City Fulton (No. ..... , ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 3008

File No. .....
Registered No. 119

2. FULL NAME Perry L. Huff
(a) Residence, No. Versailles Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 6 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27, 1863

7. AGE: YEARS 61 | MONTHS 6 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Versailles, Mo

FATHER
13. NAME: James Huff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co, Mo.

MOTHER
15. MAIDEN NAME: Polly Merriott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co, Mo.

17. INFORMANT (ADDRESS): Records of State Hospital #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Versailles Mo DATE OK, 19

19. UNDERTAKER (ADDRESS): W. F. Kidwell, Versailles Mo

20. FILED May 30, 1934 R. N. Crews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to May 30, 1934. I last saw him alive on May 30, 1934. Death is said to have occurred on the date stated above, at 1:12 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the left maxillary sinus. 53D

Date of onset

Other contributory causes of importance:

53

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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) T. S. Lapp, M. D.
(Address) Fulton, Mo.