

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

Do not use this space.

17585

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File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

75 County Oregon Registration District No. 1145  
Township \_\_\_\_\_ Precinct Registration District No. 5745  
City Thousand No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jessie Marlin Huddleston  
(a) Residence, No. Thousand One St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 - 1934

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

22. I HEREBY CERTIFY, that I attended deceased from May 1933, to May 12 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1869

I last saw him alive on Sept 15, 1933. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 1 24

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. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Causes of fall Date of onset 1933

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

Other contributory causes of importance: 5 2

13. NAME George Huddleston

Name of operation None Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

What test confirmed diagnosis? Cerebral Was there an autopsy? No

15. MAIDEN NAME Mary Hunsst

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. \_\_\_\_\_

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

17. INFORMANT (ADDRESS) Chew Lee Huddleston Thousand Mo.

18. BURIAL, CREMATION (OR REMOVAL) PLACE Union Hill Cem DATE May 12 1934

19. UNDERTAKER (ADDRESS) Mrs Garland Wild Co 1241 1/2 Main St. Thousand Mo.

20. FILED May 17 1934 Miss A. O. Roberts Registrar.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. D. Brown, M. D.  
(Address) New Paris, Mo.

JUN 25 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.

