

Dr. Bedford

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

Do not use this space.

23809

File No. 187

Registered No. _____

1. PLACE OF DEATH

County..... Cole Registration District No. 213
 Township..... _____ Primary Registration District No. 3014
 City..... Jefferson (No. _____, _____ St. _____ Ward)

2. FULL NAME Charles Louis Huckstep

(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>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
|-----------------------|----------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oma F. Huckstep6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-25-1886

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>47</u> | <u>6</u> | <u>9</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hotel Man

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) Linn, Missouri13. NAME James D. Huckstep14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn, Missouri15. MAIDEN NAME Mary L. Holliday16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn, Missouri17. INFORMANT Mrs. C.L. Huckstep
(ADDRESS) Linn, Missouri**18. BURIAL, CREMATION, OR REMOVAL**PLACE Linn No. _____ DATE July-6-, 193419. UNDERTAKER Frank J. Gordon
(ADDRESS) Jefferson City, Mo.20. FILED 7/10/34 1934 Dr. Bedford Registrar.**2 MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 193422. I HEREBY CERTIFY, That I attended deceased from June 28, 1934, to July 4, 1934.I last saw him alive on July 13, 1934. Death is said to have occurred on the date stated above, at 4:45 m.

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

Gangrenous Blac Bladder Date of onset _____127A

Other contributory causes of importance: _____

Name of operation Cholecystectomy Date of 6-29-34What 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

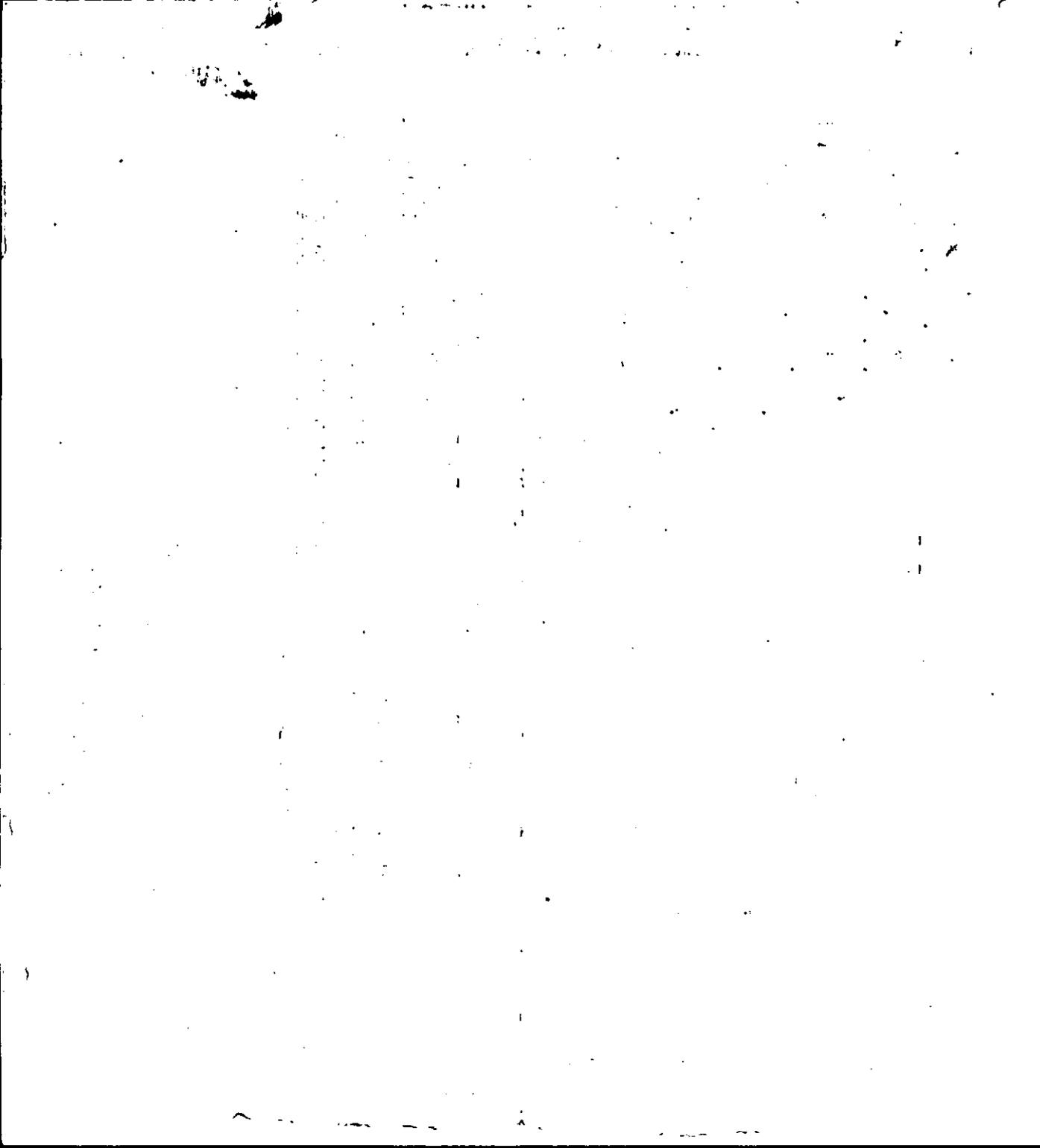
If so, specify _____

(Signed) Dr. Bedford, M. D.(Address) Jeff City, Mo.

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.

AUG 10 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS

WASHINGTON

187

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Charles Louis Huckstep
Who died at _____ on July - 4 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 47 Months 6 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Hungry - Gall Bladder
with several gall stones

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar D. McFarland Date filed 7/5/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 213

Very truly yours,

Primary Reg. Dist. No. 3014

E. T. McGaugh M.D.
K

Special Agent.

