WRITE PLAINLY, 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.

28839

1. PLACE OF DEATH
County Dunklin — Registration District No. 284 — File No.
Township Freeborn — Primary Registration District No. 5403 — Registered No. 10
City Clarkton (No. ..... St. ..... Ward)

2. FULL NAME Thomas Huggins
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-13-1911

7. AGE: 22 YEARS — MONTHS: 7 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor
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) Datto ark.

FATHER
13. NAME Henery Huggins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo

MOTHER
15. MAIDEN NAME Ada Huggins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Marie Huggins Clarkton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wandfield DATE 8-6 1934

19. UNDERTAKER (ADDRESS) Paul Hubbard Clarkton Mo

20. FILED 8-6 1934 J. B. Stemmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Unattended by Doctor ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:00 P m.
The principal cause of death and related causes of importance were as follows:

By Pistol Shots fired by Louis Beck, William Beck, Emory Beck, with intent to kill Tom Huggins

Date of onset

Other contributory causes of importance

175 170

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 5, 1934
Where did injury occur? Clarkton Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Shot
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Gordon, M. D.
(Address) Kennett Mo