

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

Do not use this space.

OCT 11 1934

1. PLACE OF DEATH

County Dallas Registration District No. 50
Township W. Pleasant Primary Registration District No. 3004
City Brewer (No.) St. Ward)

File No. 31906
Registered No. 70

2. FULL NAME

(a) Residence, No. 400 W. Ohio 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>F</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>w</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12 1875</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>3</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>24</u>
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) <u>Sept 24 1934</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mpsamin</u>		
13. NAME <u>John Huffman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Lattie Wooley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Frank Thornbrough</u> <u>312 No. St. Joseph</u> <u>Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>19</u>		
19. UNDERTAKER (ADDRESS) <u>Carlton Butterfield</u>		
20. FILED <u>Sept 25 1934</u> <u>Miss L. Culver</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1930, to Sept. 24 1934.
I last saw him alive on Sept. 24 1934. Death is said to have occurred on the date stated above, at 10:00 a. m.
The principal cause of death and related causes of importance were as follows:
Cerebral accident
Probably cerebral hemorrhage
67 A
Date of onset

Other contributory causes of importance:
Extremely high blood pressure
Physical exertion

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Was there an autopsy? no

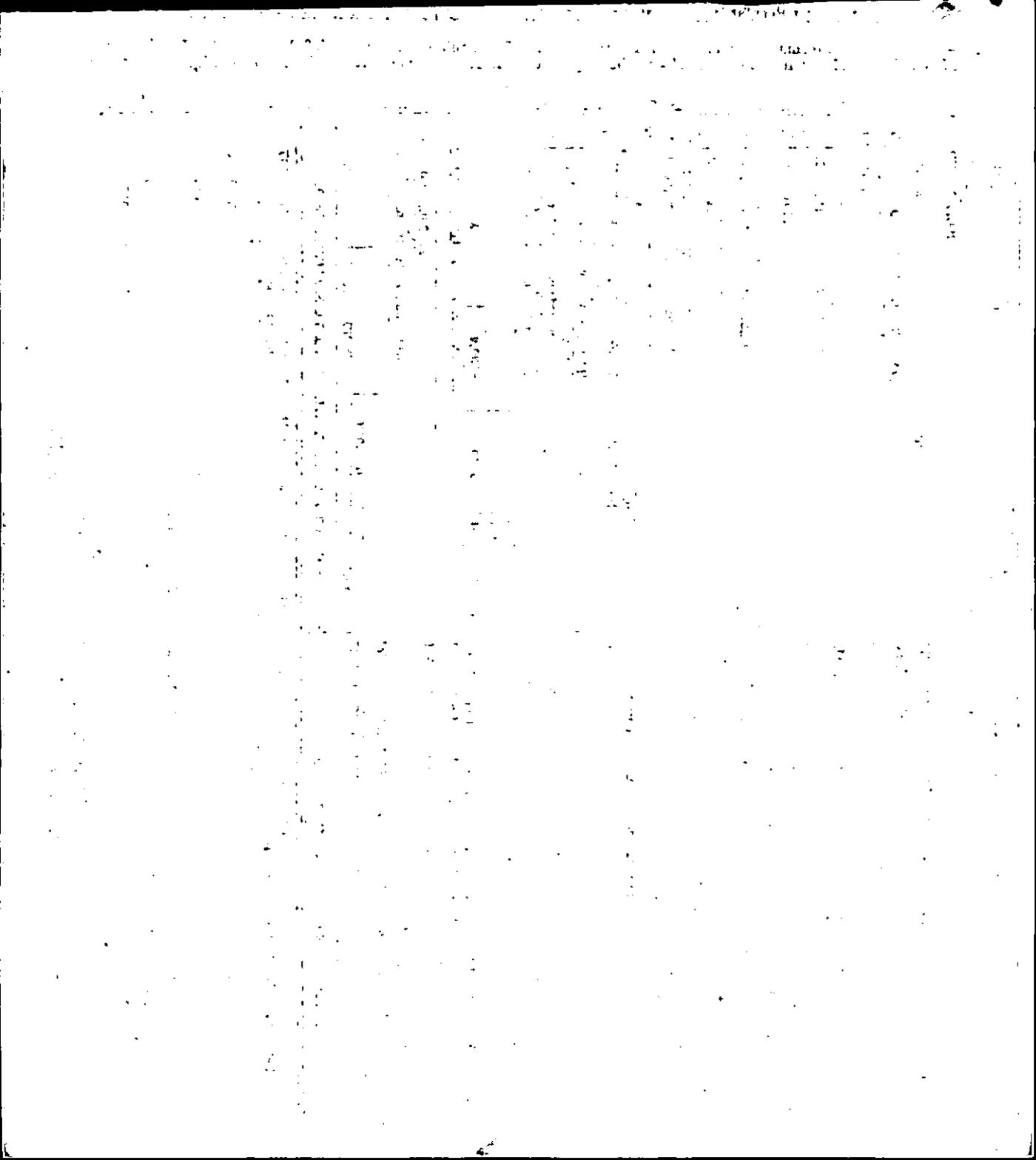
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. A. Buck M. D.
(Address) Buller Mo

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.



Bates

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: Matthe I Lamm Branch
Who died at _____ on Sept 24 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

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

Date of birth _____ Age: Years _____ Months _____ Days _____

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: Cerebral accident - probably Month _____ Year _____
Birthplace (State or country) Cerebral Hemarrage
Birthplace of father (State or country) Attached while at work in
Birthplace of mother (State or country) the store where she clerked
Principal cause of death: and died within a very few minutes.

Other contributory causes of importance Extremely high Blood pressure and Physical exertion

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) Ms. C. E. Culver, Deputy Registrar Date filed _____

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. 50 Very truly yours,

Primary Reg. Dist. No. 3004

E. T. McGaugh
State Registrar

Special Agent.

S-31906

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