DEC 14 1934

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

Do not use this space.

38996

1. PLACE OF DEATH
County Douglas
Township Campbell
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 974
Primary Registration District No. 5389

File No. .....
Registered No. 20

2. FULL NAME Elbert J Huff
(a) Residence, No. Good hope 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 10 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cleve C Huff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30, 1866

7. AGE: YEARS 67 | MONTHS 11 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Harlen Kentuckey

FATHER
13. NAME William Huff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

MOTHER
15. MAIDEN NAME Stacy Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

17. INFORMANT (ADDRESS) Rosie La-monde

18. BURIAL, CREMATION, OR REMOVAL
PLACE Goodhope DATE Nov 5, 1934

19. UNDERTAKER (ADDRESS) C. V. Clinkingbeard

20. FILED Nov 26, 1934 Dora Mendel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from On Nov 2, 1934, to ....., 19....
I last saw him alive on Nov 2, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	Nov 1/34
[illegible]	
10 [illegible]	

82a

Other contributory causes of importance:

Arterial Hypertension	Dorg 1 Nov

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

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) R M Norman, M. D.
(Address) Ava 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.

100M-11-24-33