

JUN 1 1935

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

Do not use this space.

13770

1. PLACE OF DEATH

County Osage
Township Greenwood
City Union, Mo.

Registration District No. 440
Primary Registration District No. 5849

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

James David Huckstep
(a) Residence No. Union, Mo. St. R. D. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Lou Huckstep

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12-1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 1 7

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.
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) Osage Co Mo

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Frank Huckstep
(ADDRESS) Chambers, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union, Mo. DATE Apr 21 1935

19. UNDERTAKER Morton funeral Home
(ADDRESS) Union, Mo.

20. FILED April 21 1935 Union, Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1934, to April 19 1935
I last saw him alive on April 10 1935 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:
Infermities of old age
Date of onset _____

Other contributory causes of importance: _____

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? _____
If so, specify _____
(Signed) J. O. Cooper, M. D.
(Address) Union, 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.

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