

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

Do not use this space.

JUL 17 1935

18927

1. PLACE OF DEATH

County Barton
Township Marion
City Marion (No. _____)

Registration District No. 45
Primary Registration District No. 5067

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

2. FULL NAME

Charity Matilda Huckaby

(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 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. N. Huckaby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Des Moines
(STATE OR COUNTRY) Iowa

13. NAME Anderson Cline

14. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Ray Huckaby
(ADDRESS) Marion, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Round Prairie DATE June 1935

19. UNDERTAKER F. Kohanta
(ADDRESS) Hamard, Missouri

20. FILED 6/15/35 Harvey B. Wilcox
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935 to June 14 1935
Last saw her alive on May 6 1935 Death is said to have occurred on the date stated above, at 2:00 P.M.

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

Cardio-Renal-Vascular

Date of onset

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 1935
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 C. E. Duckert, M. D.
(Signed) Raman
(Address) _____

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.

