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.

33777

NOV 27 1935

1. PLACE OF DEATH

County St Francois — Registration District No. 773 — File No.

Township Pendleton — Primary Registration District No. 6023 — Registered No. 147

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mable S. Huff

(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 F

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 E. L. Huff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1894

7. AGE — YEARS 41 — MONTHS 5 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) (STATE OR COUNTRY) Sabula Mo

FATHER

13. NAME Charles Sutton

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

MOTHER

15. MAIDEN NAME Cora Chatman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo

17. INFORMANT (ADDRESS) E. L. Huff

18. BURIAL, CREMATION, OR REMOVAL

PLACE Doe Run DATE 10-27 1935

19. UNDERTAKER (ADDRESS) Jos Diemer Flat River Mo

20. FILED Oct 27 1935 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ~~Mabel S. Huff~~ Aug. 21, 1935, to Oct. 24, 1935

I last saw her alive on Oct. 21, 1935. Death is said to have occurred on the date stated above, at 3 a.m.

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

	Date of onset
Cardio-Vascular-Renal Disease - Hypertension -	1-5-33

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 ....., 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) Geo. L. Watkins, M. D.

(Address) Farmington Mo.