

DEC 18 1935

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

Do not use this space.

39113

1. PLACE OF DEATH

County Douglas
Township Old
City..... (No..... St..... Ward)

Registration District No. 240
Primary Registration District No. 5390

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

2. FULL NAME

William F. Huffman
(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 75 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Sarah E. Huffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 1859

7. AGE, YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Douglas Co. Missouri

13. NAME W. Huffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Missouri

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) W. Poy Mansfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Prayer Valley DATE Dec 6 1935

19. UNDERTAKER (ADDRESS) F. A. Steffe Mansfield Mo

20. FILED Dec 10 1935 Jay Lee Roy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1935 to Dec 5 1935

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 4 P m.

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

Cerebral hemorrhage Date of onset Aut. 1935

Other contributory causes of importance: arteriosclerosis Aut. yr.

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) J. A. Fuson M. D.

(Address) Mansfield Mo

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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