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.

JAN 20 1936

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

Do not use this space.

40757

1. PLACE OF DEATH
County St. Charles
Township ~~St. Charles~~
City St. Charles (No. St. Jos. Hospital St. Ward)

Registration District No. 757
Primary Registration District No. 3036

File No.
Registered No. 180

2. FULL NAME Edward Huff
(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 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1859
7. AGE YEARS 76 MONTHS 5 DAYS 1 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Edward C Huff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER
15. MAIDEN NAME Rebecca Shaffpine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage Lebanon St Chas Co

17. INFORMANT (ADDRESS) E C Huff Jr Alton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ebenezer Cem West Alton Mo DATE 12-7 1935

19. UNDERTAKER (ADDRESS) Wm H Bauer Alton Ill

20. FILED 12/5 1935 Clarence G. Wessler 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 Nov 28, 1935, to Dec 5, 1935
I last saw him alive on Dec 4, 1935 Death is said to have occurred on the date stated above, at 330 A m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
46
Date of onset
Other contributory causes of importance:
Internal Hemorrhage

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

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) R Hardin, M. D.
(Address) St Charles Mo