JAN 21 1936

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

Do not use this space.

40809

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City Farmington, Mo. (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6016A

File No. .....
Registered No. 164

2. FULL NAME Elizabeth May Huff

(a) Residence, No. St. Louis, Mo. 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: Female
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 Joseph Wm. Huff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1889

7. AGE: Years 46 | Months | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Mathews Boppert
14. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Barbara Wise
16. BIRTHPLACE (CITY OR TOWN) Collinsville
(STATE OR COUNTRY) Ill.

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE 12-5 1935

19. UNDERTAKER Wacker-Helderle Undertaking Co.
(ADDRESS) 2331 S. Broadway, St. Louis, Mo.

20. FILED Dec 5 1935 B. L. Robinson
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 October 29, 1935, to December 5, 1935
I last saw h... alive on December 3, 1935. Death is said to have occurred on the date stated above, at 12:50 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized and marked	?
Cerebral Hemorrhages and Angiospasms	Past yr.

Other contributory causes of importance:

Chronic Myocarditis with Hypertrophy and Hypertension	?
Diabetes Mellitus	?

Name of operation None Date of ——
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....

(Signed) C. C. Quilt, M. D.
(Address) Farmington, 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.