

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

Do not use this space.

42231

FEB 23 1936

**1. PLACE OF DEATH**

County Texas  
 Townshp Piney  
 City Clarksburg

Registration District No. 563  
 Primary Registration District No. 6137

File No. 12  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Emmaline Heuff

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Heuff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 22 - 1858</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs or _____ min

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) <u>one yr</u>
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ills

13. NAME  
Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
\_\_\_\_\_

15. MAIDEN NAME  
Unknown

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

17. INFORMANT  
Florence Bolding  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE X DATE Dec 17 1935

19. UNDERTAKER  
G. V. Elliott  
(ADDRESS)

20. FILED 12-18 1935  
J. R. Norman  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935, to Dec 16, 1935  
 I last saw him or alive on Dec 15, 1935. 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:  
Thrombocytosis

Other contributory causes of importance:  
asthma

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 \_\_\_\_\_ (Signed) J. R. Norman, M.D.

(Address) Houston

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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