

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.

FEB 20 1936

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

Do not use this space.

2518

1. PLACE OF DEATH

County Platte
Township _____
City Dearborn (No. _____)

Registration District No. 692
Primary Registration District No. 4414

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Stella Huffran

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Huffran</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 2nd. 1878</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>0</u>	DAYS <u>2</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>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House work</u>	
10. Date deceased last worked at this occupation (month and year) <u>1922</u>		11. Total time (years) spent in this occupation <u>15</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Dearborn, Platte Co.</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Oliver STOBAUGH</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Alice Cannon</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>John Huffran, Dearborn, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Davis Chappel</u> DATE <u>Jan. 5th. 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Merian Davis, Dearborn, Missouri</u>		
20. FILED <u>Jan 5, 1936</u> <u>M. H. Moore</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4-1936 .19

22. I HEREBY CERTIFY, that I attended deceased from Dec 1, 1935 to Jan 4, 1936
I last saw her alive on Jan 3, 1936. Death is said to have occurred on the date stated above, at 4.30 A.M.
The principal cause of death and related causes of importance were as follows:
Hemiplegia for 3 years ante mortem
Myocarditis Cause of death
Other contributory causes of importance: Paresis eight years

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

23. If death was due to external causes (accident, suicide, or homicide), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 1936
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) M. H. Moore, M. D.
(Address) Dearborn, Mo.

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