MAY 22 1936

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

Do not use this space.

16059

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Fourth City — Primary Registration District No. 3030 — Registered No. 58
City Charleston (No. , St. Ward)

2. FULL NAME Thomas Huff
(a) Residence, No. Locust Off 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 M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Huff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Near 1876
7. AGE YEARS Near 60 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad laborer
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) Wolf Island Mo.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Annie Dixon Charleston Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE April 16 36
19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston Mo.
20. FILED 4-16 1936 F. D. Vernon
Registrar.

MEDICAL CERTIFICATE OF DEATH 10:45 a.m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1936
22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1936, to Apr 15, 1936
I last saw him alive on Apr 12, 1936. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with terminal Pulmonary Edema following Acute Influenza complicated with acute Plastic Pleurisy	10 days
Other contributory causes of importance:	
Arteriosclerosis + Cr. 2. Nephritis	1 yr. 4 mos.

Name of operation Date of
What test confirmed diagnosis? 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) W. S. Love, M. D.
(Address) Charleston, 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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD