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.

AUG 15 1936

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

Do not use this space.

25549

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 907
City St Joseph Mo (No. State Hospital #2. St. Ward)

2. FULL NAME George C Huskamp — George C.Huskamp
(a) Residence, No. 2908 Penn City 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Huskamp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar,19,1878
7. AGE — YEARS 58 — MONTHS 3 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,Retired
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) Mo Buchanan Co.

FATHER
13. NAME Henry Huskamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ~~Unknown~~ Ger.

MOTHER
15. MAIDEN NAME ~~Unknown~~ Barbara Hanke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ~~Unknown~~ Ger.

17. INFORMANT (ADDRESS) State Hosp Records St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE July,10,1936
19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St./St.Joseph Mo.
20. FILED 7/10/36 19 H J Nestlebusha Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from July 5, 1936 to July 8, 1936
I last saw him alive on July 8, 1936 Death is said to have occurred on the date stated above, at 12:15 P.m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia — Date of onset 7-8-36
107a
Other contributory causes of importance: Paralysis Agitans — Indefinite

Name of operation No — Date of
What test confirmed diagnosis? Clin Tob — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) State Hosp No 2 St.Joseph,Mo. City