

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

Do not use this space.

25812

1936 25 1936

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. _____
 Township 11 Primary Registration District No. 3009 Registered No. 263
 City Cape Girardeau (No. _____) St. St. Francis Hospital St. _____ Ward _____

2. FULL NAME Roland E. Huff

(a) Residence, No. Chaffee, Mo. St. _____ Ward. Chaffee, Mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
28 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. College Student
 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) Edmonton, Alberta
 (STATE OR COUNTRY) Canada

MOTHER FATHER 13. NAME Charles Huff,

14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Pauline Lechelt

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

17. INFORMANT Dr. George Huff
 (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairmont Cemt. DATE July 31 '36

19. UNDERTAKER Haman's Funeral Home
 (ADDRESS) Cape Girardeau, Mo.

20. FILED 7-30 1936 J. M. Simpson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 19 36

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1936, to July 30, 1936
 I last saw him alive on July 29, 1936 Death is said to have occurred on the date stated above, at 4:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
Nephritis
Generalized edema
Pulmonary edema

Date of onset:
Jan. 1-36
Jan. 1-36
July 1-36
July 28-36

Other contributory causes of importance:

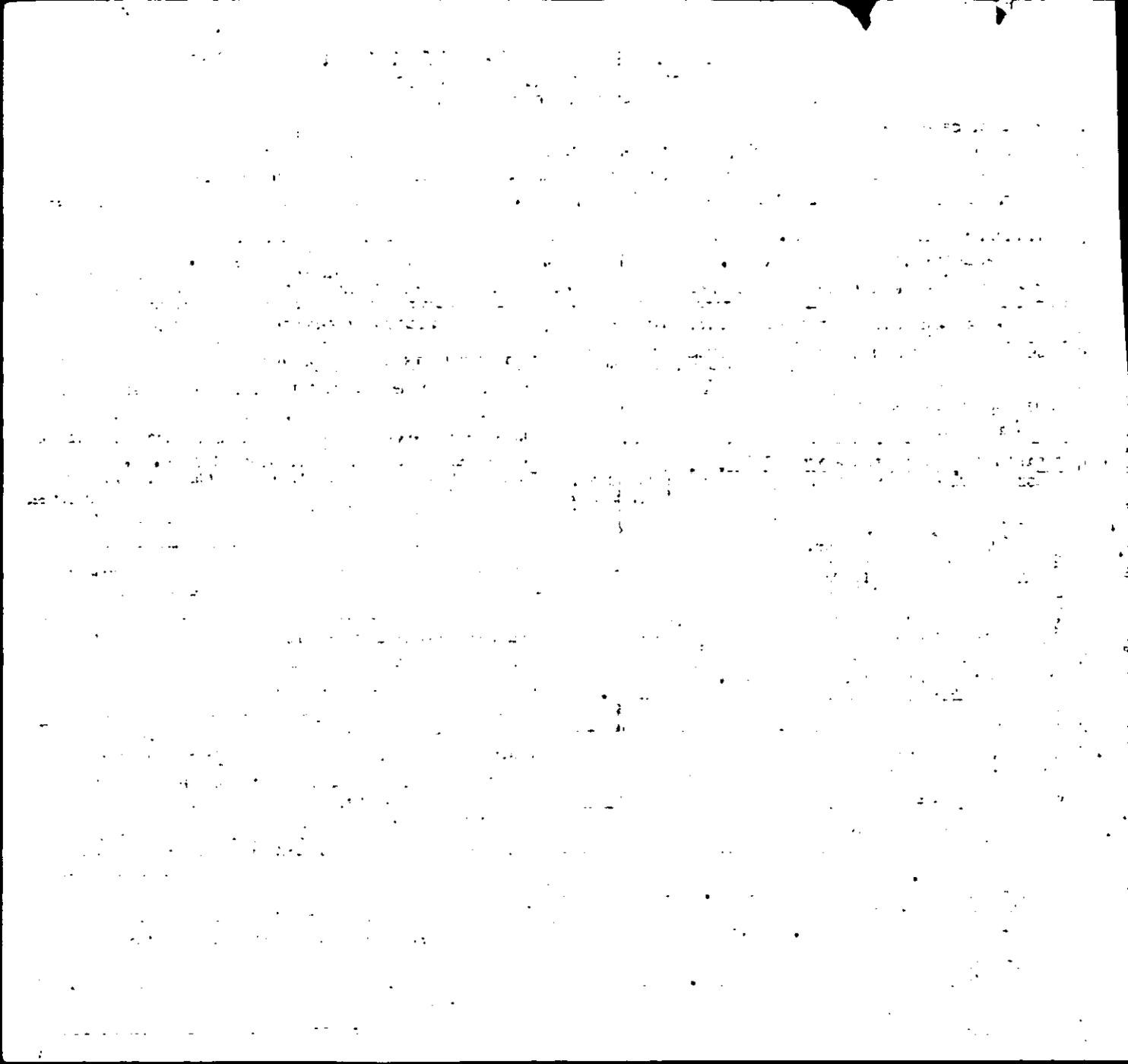
Name of operation _____ Date of _____
 What test confirmed diagnosis: Aut. Ints. Was there an autopsy? no

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) B. A. Ritter, M. D.

(Address) Cape Girardeau, Mo.



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1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. _____
 Township _____ Primary Registration District No. 3009 Registered No. 263
 City Cape Girardeau No. _____ St. _____ Ward _____

2. FULL NAME

Roland E. Huff
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw h. _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>28</u>	<u>6</u>	<u>26</u>	

The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____

Myocarditis
hypertension
obesity
Date of onset _____
 Other contributory causes of importance: _____

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

FATHER
 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 9-5-36 J.M. Thompson Registrar

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 _____, 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? _____
 If so, specify _____

(Signed) R.A. Butler, M. D.
 (Address) Cape Girardeau

5-25812