

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

Do not use this space.

SEP 28 1936

27598

**1. PLACE OF DEATH**

County Pike  
Township Calumet  
City Clarksville (No. \_\_\_\_\_)

Registration District No. 685-  
Primary Registration District No. 8409 B

File No. 27  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Martin Huckleby

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Martha Smith Huckleby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1846

7. AGE YEARS 90 MONTHS 5 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Cravieville (STATE OR COUNTRY) Mo

FATHER 13. NAME John J. Huckleby

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

MOTHER 15. MAIDEN NAME Martha Smith

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

17. INFORMANT (ADDRESS) J. E. Huckleby

18. BURIAL, CREMATION, OR REMOVAL PLACE Dal Ridge DATE July 19, 1936

19. UNDERTAKER (ADDRESS) Harvey Claborn

20. FILED Aug 18, 1936 W. W. Trachway Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, that I attended deceased from noon, 1936, to July 19, 1936.  
I last saw him alive on July 17, 1936. Death is said to have occurred on the date stated above, at 2:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Pyelitis  
Urinary poisoning

Other contributory causes of importance:

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? No  
If so, specify \_\_\_\_\_  
(Signed) J. G. Gurnhead, M. D.  
(Address) Clarksville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten scribbles and marks in the upper left quadrant.

I  
B

Vertical handwritten text, possibly a list or notes.

80

Vertical handwritten text, possibly a list or notes.

Vertical handwritten text, possibly a list or notes.

Handwritten mark or symbol.