

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.

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Halls

Registration District No. 930

File No. 7758

Township Saline

Primary Registration District No. 5962

Registered No. _____

City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Charles Hamilton Huntley

(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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10th 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1937, to Feb. 10, 1937

I last saw him alive on Feb. 6, 1937. Death is said to have occurred on the date stated above, at 5:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3rd 1863

7. AGE YEARS 75 MONTHS X DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

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

Acute dilatation of the heart Date of onset _____

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

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 _____

Other contributory causes of importance: Influenza

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Cincinnati Ohio

13. NAME Horace Huntley

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Dont know

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Percy Jane Brown

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Dont know

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.

17. INFORMANT Lizzie Huntley

18. BURIAL, CREMATION, OR REMOVAL Oakland Cemetery

19. UNDERTAKER Wilson & Son

20. FILED Feb 11, 1937 J. E. Floyd Registrar.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. T. Swann, M. D.

(Address) Perry, Mo.

