

APR 26 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County RandolphRegistration District No. 733File No. 13106Township Salt SpringPrimary Registration District No. 5-967

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mattie Taylor Huff

(a) Residence, No. \_\_\_\_\_ 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

FemaleWhitemarried5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will H Huff6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .....hrs. or .....min.

7024

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

Housewife

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) Howard Co13. NAME Thomas Benton Burge14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Kentucky15. MAIDEN NAME Mary Catherine Pemberton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co17. INFORMANT (ADDRESS) Mr Will H HuffWaverly R R #4

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waverly DATE Jan 20 3719. UNDERTAKER (ADDRESS) Tom B. PattonWaverly R R #420. FILED April 10 - 1937 Mr. D. A. Barham Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 193722. I HEREBY CERTIFY, That I attended deceased from March 14, 1937, to March 18, 1937. I last saw him alive on March 18, 1937. Death is said to have occurred on the date stated above, at 10 a. m.

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

Bronchial Pneumonia Date of onset March 16

Other contributory causes of importance:

Senility  
Atherosclerosis  
Auricular Fibrillation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? Yes

If so, specify \_\_\_\_\_

(Signed) Dr. W. S. Johnston(Address) Waverly, Mo.

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

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