

MAY 19 1937

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

Do not use this space.

16072

## 1. PLACE OF DEATH

County

Clay

Registration District No.

198

File No.

61

Township

Fishing River

Primary Registration District No.

3011

Registered No.

City

Excelsior

(No.)

St.

Ward)

## 2. FULL NAME

Edward J. Huxtable

(a) Residence, No. &amp; Street

202 Leary J. Hotel

St.

Ward.

Douglas Ariz

(Usual place of abode)

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 14 ds.

How long in U. S., if of foreign birth?

40 yrs.

mos.

ds.

## 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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Adaline Huxtable

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

Dec 3 - 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

5

5

OCCUPATION

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

Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

D

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)

Schilo Ont Canada

13. NAME

James Huxtable

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

Canada

15. MAIDEN NAME

Mary J. Russell

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

Canada

17. INFORMANT (ADDRESS)

Mrs Adaline Huxtable

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Douglas Ariz

DATE

May 9 1937

19. UNDERTAKER (ADDRESS)

John E. Prather Excelsior Spgs Mo.

20. FILED

May 10 1937

Lorinda McCracken Registrar

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

May 8 1937

22. I HEREBY CERTIFY That I attended deceased from

May 4 1937 to May 8 1937

I last saw him alive on May 8 1937 Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Acute Cerebral Hemorrhage  
+ Pneumonia of lungs  
+ Hemiplegia.

Date of onset

May 4 1937

Other contributory causes of importance:

Spanish Influenza  
+ Hypertension.

1936

Name of operation

Amputation

What test confirmed diagnosis?

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)

(Address)

W. J. James, M.D.  
Excelsior Spgs, Mo.

John

John