

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

Do not use this space.

MAY 31 1937

17830

1. PLACE OF DEATH

162 County Wagon  
Township \_\_\_\_\_  
City Nevada (No. \_\_\_\_\_)

Registration District No. 3039 815  
Primary Registration District No. 3039

File No. \_\_\_\_\_  
Registered No. 109  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Isabell Mae Huckaby

(a) Residence, No. 1117 E. Roanet St., 506 Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6 7 12

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Nevada (STATE OR COUNTRY) Missouri

13. NAME Harold Huckaby

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

15. MAIDEN NAME Leta Stukesburg

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

17. INFORMANT Harold Huckaby (ADDRESS) Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerwood Cemetery DATE Apr. 9, 1937

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada, Mo.

20. FILED 4/22, 1937 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1937, to 4/7, 1937  
I last saw h. alive on 4/7, 1937. Death is said

to have occurred on the date stated above, at 11:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Appendicitis  
Strep. infection with general peritonitis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 12/1

Name of operation Appendectomy 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) J. M. Harty M. D.

(Address) Nevada

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.

