

NOV 16 1937

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

Do not use this space.

37355

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125-1
Township _____ Primary Registration District No. 30091
City Cape Girardeau No. S.E. Hospital St. _____ Ward _____

File No. _____
Registered No. 343
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Preston Huey St. _____ Ward. Blodgett mo
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 16 ds. How long in U. S., if of foreign birth? _____ 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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/30, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1937, to 10/30, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-24-1890

I last saw him alive on 10/30, 1937 Death is said

7. AGE YEARS 47 MONTHS 8 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at _____ m.

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

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

Date of onset

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

Cerebral Spoplexy

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:

Nephritis Chronic

12. BIRTHPLACE (CITY OR TOWN) near = Blodgett Mo (STATE OR COUNTRY)

13. NAME Simon Peter Huey

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) near Blodgett Mo (STATE OR COUNTRY)

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

15. MAIDEN NAME Mary Ramsey

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

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 A. D. Huey (ADDRESS) Blodgett, Mo.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Blodgett Mo DATE 10-31 1937

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

19. UNDERTAKER John F. Mummie Jr (ADDRESS) Blodgett Mo

(Signed) A. D. Huey, M. D.

20. FILED 10-30 1937 J. M. Thompson Registrar.

(Address) Cape Girardeau Mo

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

13213

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

373 55-

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 128
(b) Township _____ Primary Registration District No. 3009 Registered No. _____
(c) City Cape Girardeau (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Preston Huey

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 8 16

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__ _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 30 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__

I last saw h _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

cerebral apoplexy

Date of onset

Other contributory causes of importance:

Nephritis Chronic

Name of operation 131 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) H. L. Luerth, M. D.

(Address) Cape Girardeau

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

