

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Jesshington
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 3011

File No. 37445
145
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Henry Hufft
(a) Residence, No. 218 Cliff Drive St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 34 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mauda Hufft</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29 1894</u>		
7. AGE	YEARS	MONTHS
<u>71</u>	<u>62</u>	<u>11</u>
		DAYS
		<u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrical Contractor</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawson, Mo.</u>		
13. NAME <u>Thomas Hufft</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>		
15. MAIDEN NAME <u>Rachel Hamilton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Helma Allen</u> (ADDRESS) <u>Excelsior Springs Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lawson Hill</u> DATE <u>Oct 27 37</u>		
19. UNDERTAKER <u>Claude Darchand</u> (ADDRESS) <u>Excelsior Springs Mo.</u>		
20. FILED <u>10/27 1937</u> <u>Ronda M. Craker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1937, to Oct 25 1937
I last saw him alive on Oct 25 1937. Death is said to have occurred on the date stated above, at 6:15 P.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 19/2/37
8221

Other contributory causes of importance:
Don't know of any

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 fall
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. P. Clark M. D.
(Address) Excelsior Springs Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Do not use this space. ROE STURUM WE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS.

