

DEC 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41381

1. PLACE OF DEATH

County SturgisRegistration District No. 347Township Fills CreekPrimary Registration District No. 5490

City (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

(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

3. SEX Male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Madge Luff6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19147. AGE YEARS 25 MONTHS DAYS If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cop Operator

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) Independence (STATE OR COUNTRY) Missouri13. NAME Alma Luff14. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Mo.15. MAIDEN NAME Anna May Street16. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Missouri17. INFORMANT Alma Luff (ADDRESS) Independence

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Joseph DATE Dec 5 193719. UNDERTAKER Capt & Mrs. L. M. H. H. H. (ADDRESS) Independence Mo.20. FILED Nov 4 1937 J R Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 193722. I HEREBY CERTIFY, That I viewed body deceased on Dec 3 1937I last saw him alive on Dec 3 1937 Death is saidto have occurred on the date stated above, at 10⁰⁰ a. m.

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

Sunstroke wound of headDate of onset Dec 3/37Other contributory causes of importance: NoneName of operation None Date of operationWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide suicide Date of injury Dec 3 1937Where did injury occur? Henry County Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on public road in carManner of injury Sunstroke woundNature of injury wound of head24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) S B Hough M. D.(Address) Cover Henry County, Clark, Mo

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

DEATH OF THE HEAVENLY KING
IN A REMOVED TO MEET HIS -
A SINGULAR ILLUSTRATION
OF THE EXACTLY ESTABLISHED

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Field Creek Primary Registration District No. 5490
(c) City (d) Street No.
(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

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25

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 St Joseph DATE Dec 5 1937

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 12-7 1937 J. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 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:

Date of onset

Other contributory causes of importance:

Name of operation 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) S. B. Hughes Coroner, M.D.

(Address) Clinton Mo

