JAN 21 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Osage
16 Township Nash
City ~~Westphalia~~ (No. ..... St. ..... Ward)

Registration District No. 642
Primary Registration District No. 5851

File No. 46242
Registered No. 13

2. FULL NAME Joseph Huhn
(a) Residence, No. Westphalia, Mo. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) (STATE OR COUNTRY) Taos, Mo.

FATHER
13. NAME Herman Bernard Huhn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Brennecke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Joseph Huhn Westphalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Westphalia, Mo. DATE Dec. 18, 1937

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home Jefferson City, Mo.

20. FILED Dec-16, 1937 Mary L. Player Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1937, to Dec 15th, 1937
I last saw him alive on Dec 15th, 1937 Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

Appoplexy — Date of onset 12/11/1937

Other contributory causes of importance: Arterio-Sclerosis

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? 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) Conrad S. Verhoff, M. D.
(Address) Westphalia Mo

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.