

DEC'D MAY 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township 1
City Richsville (No. 100)

Registration District No. 4
Primary Registration District No. 3001
(No. Smith Hospital)

File No. 13884
Registered No. 65
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

2 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

1-10-1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

39

OCCUPATION

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)

(STATE OR COUNTRY)

Adair Co Missouri

FATHER

13. NAME

Elba Huff

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Co. Adair Missouri

MOTHER

15. MAIDEN NAME

Jenni Myrtle Hays

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Adair Co Missouri

17. INFORMANT

(ADDRESS)

Elba Huff
Yarrow Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Carmel Cent. DATE 4-20- 1938

19. UNDERTAKER

(ADDRESS)

Dee Riley Funeral Home
Richsville Mo

20. FILED

April 20 1938 Spencer L. Freeman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1938

22. I HEREBY CERTIFY, That I attended deceased from

April 17 1938 to April 19 1938I last saw him alive on April 19 1938 Death is saidto have occurred on the date stated above, at 10:05 a m.

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

Hemorrhagic Purpura 4/15 Date of onset

Other contributory causes of importance

Massive allergic dermatitisName of operation None 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? No

If so, specify _____

(Signed) E. S. Smith, M. D.(Address) Richsville 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.

WRITE PERMITS WITH OUT ADVICE INK—THIS IS A T. EMERGENCY RECORD

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations.

In the second section, the author provides a detailed breakdown of the monthly budget. It includes categories for housing, utilities, food, and entertainment. The goal is to allocate funds wisely to avoid overspending and to save for future needs.

The third section covers the topic of debt management. It suggests creating a repayment schedule for all outstanding loans and credit cards. Regular payments are crucial to avoid penalties and to improve one's credit score.

Finally, the document concludes with advice on emergency fund preparation. It recommends setting aside a portion of each month's income to build a safety net for unexpected expenses. This financial cushion can provide peace of mind and prevent a financial crisis.