REC'D MAY 13 1938

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

Do not use this space.

File No. 13884

Registered No. 65

1. PLACE OF DEATH
County Adair
Township
City Kirksville (No. Gum-Smith Hospital St. Ward)

Registration District No. 4
Primary Registration District No. 3001

2. FULL NAME Eldon Wayne Huff
(a) Residence, No. 100 St., Ward. Gartow Mo
(Usual place of abode) (If nonresident, give city or town and State)
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. |
|---|---|---|---|
| | 3 | 9 | |

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 COUNTY) Adair Co Missouri

FATHER
13. NAME Elba Huff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Gorin Missouri

MOTHER
15. MAIDEN NAME Fumie Myrtle Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Adair Co Missouri

17. INFORMANT Elba Huff
(ADDRESS) Yarow Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Carmel Cem DATE 4-20-, 1938

19. UNDERTAKER Dee Riley Funeral Home
(ADDRESS) Kirksville 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, 1938
I last saw h. alive on April 19, 1938 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Hemorrhagic Purpura | 4/15 |

NO A

Other contributory causes of importance: Massive Allergic Dermatitis

Name 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. E. Smith, M. D.
(Address) Kirksville 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.

WHITE PERMANENT WITH GRADING INKS—THIS IS A PERMANENT RECORD