

REC'D MAY 17 1938

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

Do not use this space.

15671

## 1. PLACE OF DEATH

County Ray Registration District No. 742  
Township Park Primary Registration District No. 5977a  
City Laura (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Francis Nadine Hufft File No. \_\_\_\_\_ Registered No. 130

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allen M. Hufft  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 - 1851  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Calquell, Mo.13. NAME John Sloan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Celia Stephenson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT J. F. & A. C. Anderson  
(ADDRESS) Laura - Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bangorville DATE March - 10 193819. UNDERTAKER Prigard - Jarman  
(ADDRESS) Laura - Mo.

20. FILED \_\_\_\_\_, 19 \_\_\_\_\_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 193822. I HEREBY CERTIFY, That I attended deceased from Feb 1938 to March 10 1938I last saw her alive on March 10, 1938 Death is saidto have occurred on the date stated above, at 6 P. M.

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

Carcinoma of stomach  
Cardiac failure following  
myocardial infarction  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 46

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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) Albert B. Buchanan, M. D.(Address) Laura Mo.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

15671  
Do not use this space.

1. PLACE OF DEATH

(a) County Rain Registration District No. 747  
(b) Township Poek Primary Registration District No. 3977a  
(c) City..... (d) Street No..... St.  
(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 Francis Madeline Huff

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
87 3 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) Caldwell Co

FATHER 13. NAME John Sloan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Celia Stephenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J. J. Anderson  
Lawson no

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnesville DATE Feb 10 1938

19. FUNERAL DIRECTOR (ADDRESS) Prichard Jarman  
Lawson no

20. FILED Mar. 11 1938 Edwin Shore  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938 to March 10 1938  
I last saw her alive on March 10 1938 Death is said to have occurred on the date stated above, at 6 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach  
Cardiac failure following  
Septic Pneumonia

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical 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) Cletys Burkner, M. D.  
(Address) Lawson no

RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. REGISTER

REPLACEMENT

S-152671 1938