

DEPT SEP 28 1938

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

30126  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Shannon Registration District No. 843  
 (b) Township 1 Primary Registration District No. 4098 Registered No. \_\_\_\_\_  
 (c) City Winona (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 Hiram H. Huitt 300  
 (a) Residence, No. Winona Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
98 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 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) Crowford Co. Mo.

FATHER 13. NAME Dont Know

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

MOTHER 15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) W.E. Huitt Winona Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE Sept. 1 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Croy-Leuckel Van Buren Mo.

20. FILED 9-9-38 Metel Hall Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 19 38

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 19 38 to Aug 29 19 38  
 I last saw him alive on Aug 28 19 38 Death is said to have occurred on the date stated above, at 12:30a m.

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

Other contributory causes of importance:  
Age

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) P. J. Davis M. D.  
745 (Address) Burch Tree Mo

Handwritten scribbles and illegible text at the top of the page.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Aug 29 -  
....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed P. Hil A. Leuche  
Licensed Embalmer No. 2936  
P. O. Address V. of Bremen

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**