

1938 OCT 24 1938

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

Do not use this space.

32651

1. PLACE OF DEATH

County Lincoln Registration District No. 486
Township Pharricans Primary Registration District No. 5649
City (No.) St. Ward

File No.
Registered No. 30

2. FULL NAME Wera Ann Huff

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10-38
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. of ... min. 8 30

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) Lincoln Co Mo (STATE OR COUNTRY)

13. NAME John Huff

14. BIRTHPLACE (CITY OR TOWN) Lincoln Co Mo (STATE OR COUNTRY)

15. MAIDEN NAME Ann H. Stuster

16. BIRTHPLACE (CITY OR TOWN) Lincoln Co Mo (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) John Huff Lincoln Co Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem DATE 9/12 1938

19. UNDERTAKER (ADDRESS) W. W. Bradley Lincoln Co Mo

20. FILED Oct 10 1938 W. B. Powell Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938 to Sept 10, 1938
I last saw her alive on Sept 10, 1938 Death is said to have occurred on the date stated above, at 4:30 PM.
The principal cause of death and related causes of importance were as follows:

intracranial hemorrhage

Other contributory causes of importance: 110 lb
very large abdomen

Name of operation Date of
What test confirmed diagnosis? Physical examination 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) Dr. J. J. Allevato M. D.
(Address) Winfield, Mo

