

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

**18013**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Caldwell, Registration District No. 92  
 (b) Township Davis, Primary Registration District No. 4055  
 or Braymer,  
 (c) City..... (d) Street No..... St.  
 5 (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 Leona D. Huff,  
 (a) Residence, No. Braymer, 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 Female, 4. COLOR OR RACE White, 5. Married, (write the word)  
 5A. IF MARRIED, William S. Huff,  
 (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August-30th-1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 8 24  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife  
 9. Industry or business in which work was done, as saw mill, bank, etc. House Work,  
 10. Date deceased last worked at this occupation (month and year) May-24-1940 11. Total time (years) spent in this occupation 60-years  
 OCCUPATION  
 12. BIRTHPLACE (CITY OR TOWN) Carroll County,  
 (STATE OR COUNTRY) Missouri,  
 FATHER  
 13. NAME Benjamin B. Street,  
 14. BIRTHPLACE (CITY OR TOWN) Missouri,  
 (STATE OR COUNTRY)  
 MOTHER  
 15. MAIDEN NAME Mary Williamson,  
 16. BIRTHPLACE (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)  
 17. INFORMANT Oliver Huff,  
 (ADDRESS) Braymer, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Braymer Evergreen-May 26th-1940  
 19. FUNERAL DIRECTOR (NAME) E. P. Michael  
 (ADDRESS) Braymer, Mo.  
 20. FILED May 25 1940 H. H. Patterson  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-24-1940  
 22. I HEREBY CERTIFY, That I attended deceased from May-24- 1940, to May-24- 1940  
 I last saw her alive on May-24- 1940 Death is said to have occurred on the date stated above, at 8: P. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Thrombosis  
(I think) Petrus moribund when I arrived!  
 Date of onset  
 Other contributory causes of importance: 94 B  
 Name of operation None Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury.....  
 Where did injury occur? None  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury None  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) Arthur B. J. Chief M. D.  
 (Address) Braymer, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*no Social Security number*

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, or by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*E. P. Michael*

Licensed Embalmer No. 1363

P. O. Address Braymer, Mo.,

**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.**