FILED MAR 15 1948

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

5644
Do not use this space.

5644
File No.
Registered No. 71

**1. PLACE OF DEATH**
County: Nodaway
Township: Lincoln
City: Elmo (Rural) (No. 60, St., Ward) 3
Registration District No. 251
Primary Registration District No. 5846

**2. FULL NAME** Laura Rebecca 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 70 yrs. 9 mos. 14 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*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Huff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 18 1877

7. AGE: Years 70 | Months 9 | Days 14 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): about one year
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elmo, (Rural) Missouri

FATHER
13. NAME: James R. Moss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Miss Hubbard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Robert Huff, Elmo, Missouri

18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE: High Prairie DATE: Feb. 5, 1948

19. UNDERTAKER (ADDRESS): E. M. Stevenson, College Springs, Iowa

20. FILED: 2-6, 1948 Bess Holt, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 31, 1948

22. I HEREBY CERTIFY, That I attended deceased from ....., 1946, to Jan 30, 1948
I last saw her alive on Jan 30, 1948. Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiac Failure due to senility. Bright's disease | Jan 30. |

Other contributory causes of importance: Fractured Hip.

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

Name of operation ..... 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? ..... 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) Marvin Lord D.O. M.D.
(Address) Elmo - Mo. 2-1-48

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. 2B
-5-43
I X36930

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 3 PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 5644 March

Registration District No. 251 Primary Registration District No. 5846 Registrar's No. 60

**1. PLACE OF DEATH:**

(a) County: Nodaway

(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lama R. Huff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: March (Month) 18 (Day) 1878 (Year)

8. AGE: Years 70 Months 9 Days If less than one day: hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March Day 31 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

MARVIN L. FORD

Special Attention to the Diagnosis of Chronic Ailments

ELMO OSTEOPATHIC HOSPITAL

April 19, 1948

R. M. James, M.D.
Special Agent,
Bureau of the Census,
Jefferson City, Mo.

Dear Dr. James:

In regard to the death certificate of Mrs. Laura R Huff in which item 22 is in question----

On the original certificate under other causes I wrote fractured hip.

In October of 1947 Laura Huff was a patient in the Hann Memorial Hospital, Shenandoah, Iowa under treatment for some form of kidney ailment. While receiving treatment for this condition she fell from her hospital bed, fracturing her hip. She was of course kept in the hospital and the hip was treated and a good enough recovery made that she could again get around.

Naturally this entailed lying on her back which in my opinion further contributed to the passive renal congestion superimposed on a failing heart and thereby might be considered under "other causes" as contributing to that ultimate condition which caused her death.

I am again returning the supplementary certificate with the section of "death due to external causes" unfilled.

I trust that this will be satisfactory. In the event that it is not, I shall be glad to cooperate further in any way that I can.

Respectfully,

Marvin L. Ford D.O.

Marvin L. Ford, D.O.
Elmo, Missouri.

5-5644 1948