

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

Do not use this space.

14973

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1002**  
 City **St. Louis** No. **7047** **Marquette** St. .... Ward)

File No. ....  
 Registered No. **3497**  
 St. .... Ward)

**2. FULL NAME** **Clinton Stevenson Huckins**

(a) Residence, No. **7047 Marquette St.** **4** Ward.  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Charlotte Huckins** (or wife of)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct - 2 - 1881**  
 7. AGE YEARS **51** MONTHS **6** 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. **machinist**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Rail Road**  
 10. Date deceased last worked at this occupation (month and year) **1937** 11. Total time spent in this occupation **16 1/2**

12. BIRTHPLACE (CITY OR TOWN) **Dixon** (STATE OR COUNTRY) **Missouri**

MOTHER FATHER 13. NAME **James H. Huckins**

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

15. MAIDEN NAME **Tennessee Hughes**

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

17. INFORMANT **Charlotte Huckins** (ADDRESS) **7047 Marquette**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Hope and Paul** DATE **April 18** 19**33**

19. UNDERTAKER **A. J. McLaughlin** (ADDRESS) **1031 Missouri Ave**

20. FILED **11 15 33** Registrar

**MEDICAL CERTIFICATE OF DEATH**

*Physician in attendance*  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **APRIL - 16 . 19 33**

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw him alive on 19... Death is said to have occurred on the date stated above, at **5:30** a.m.

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

*Asphyxiation from suffocation from self-administered potassium cyanide*  
 Other contributory causes of importance:  
*suicide*  
**104**

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 **suicide** Date of injury **4/16, 1933**  
 Where did injury occur? **at residence** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

In Home  
 Manner of injury **Asphyxiation**  
 Nature of injury **gas poisoning**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify  
 (Signed) **Ronald Debut** M.D.  
 (Address) **Deputy Registrar**

**4/17/33**

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

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V. S. NO. 2.

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.

