MAY 3 1935

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

Do not use this space.

14118

1. PLACE OF DEATH
County St. Francois — Registration District No. 779
Township Big Rivers — Primary Registration District No. 6034a — File No.
City Desloge — (No. ..... St. ..... Ward) — Registered No.

2. FULL NAME Amos V. Huff

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
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: Clara E. Huff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10, 1854
7. AGE — YEARS: 80 — MONTHS: 4 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common Labor
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): Franklin Co. Mo.

FATHER
13. NAME: Amos Huff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Amanda J. McKey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs. A. V. Huff Desloge
18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Francois — DATE: April 29, 1935
19. UNDERTAKER (ADDRESS): C. J. Boyer Desloge Mo
20. FILED: May 9, 1935 — W. P. Hackworth, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/27, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to April 27, 1935
I last saw him alive on April 26, 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Trouble	11/15/34

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical — 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) W. O. Hackworth, M. D.
(Address) Desloge Mo

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.