

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.

A.C.H.
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

729

1. PLACE OF DEATH
 County St. Louis Registration District No. 330
 Township Freighton Primary Registration District No. 3017
 City Freighton (No. _____) St. _____ Ward _____

2. FULL NAME Geo. W. Huffstutter
 (a) Residence, No. Merrill St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Belege Huffstutter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 10 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lena, Ill
 (STATE OR COUNTRY)

10. NAME OF FATHER John Huffstutter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Halda Turney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Huffstutter
 (Address) Freighton, Mo

15. FILED 1-14-25 E. O. Herff
 1925 Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1925

17. I HEREBY CERTIFY That I attended deceased from Jan 14 to Jan 14, 1925, that I last saw him alive on Jan 14, 1925, and that death occurred, on the date stated above, at 4:10 - a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Infarction

55D
82D

CONTRIBUTORY Removal of the Brain
 (SECONDARY) (duration) 5 yrs. 14 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Woods and test
 (Signed) J. Fair, M. D.
1-14-1925 (Address) Freighton, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Grove Cem DATE OF BURIAL Jan 15 1925
 20. UNDERTAKER Lipson Funeral Co ADDRESS Freighton, Mo