

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

Do not use this space.

1. PLACE OF DEATH
 County Grundy Registration District No. 327
 Township Galt Primary Registration District No. 4184
 City Galt (No. _____) St. _____ Ward _____
 Registered No. 10
 File No. 22606

2. FULL NAME JAMES L. HUFFSTUTTER
 (a) Residence No. _____ St. _____ Ward _____
 (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 Myrtle Huffstutter
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20, 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 3
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Mail Route Carrier
 (b) General nature of industry, business, or establishment in which employed (or employer) 45
53E
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 10. NAME OF FATHER John Huffstutter
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 12. MAIDEN NAME OF MOTHER Margaret Harvey
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland
 14. INFORMANT Mrs Myrtle Huffstutter
 (Address) Galt Mo
 15. FILED 7-24, 1930 U C Weston
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1930
 17. I HEREBY CERTIFY, That I attended deceased from Jan 2, '30 to July 23, 1930
 that I last saw him alive on July 23, 1930, and that death occurred, on the date stated above, at 4:45 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
metastatic malignancy
(epithelioma on nasal tip)
followed by involvement of
lymph glands (duration) 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED 43 Galt Mo.
 IF NOT AT PLACE OF DEATH _____
 3 DID AN OPERATION PRECEDE DEATH? yes (a) oct 25 '28 DATE OF mar. 6 '29
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS nope
 (Signature) Geo. J. Vandenberg, M.D.
7-23, 1930 (Address) Galt 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.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
P.O. of Cem. Galt Mo July 25, 1930
 20. UNDERTAKER ADDRESS
Blayne T. Son Galt 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.