

REC'D SEP 23 1938

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

28974  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Grundy Registration District No. 329  
 (b) Township Wilson Land Primary Registration District No. 3195  
 (c) City Laredo (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROBERT L HUFFSTUTTER  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)

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

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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9-25</u> 19 <u>38</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Ann Huffstutter</u>					22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 17 1856</u>					I last saw him on _____, 19____. Death is said to have occurred on the date stated above, at <u>Laredo</u> .	
7. AGE YEARS <u>82</u> MONTHS <u>5</u> DAYS <u>8</u>		If LESS than 1 day, _____ hrs. or _____ min.			The principal cause of death and related causes of importance were as follows: <u>was found sitting on his couch. just came for death. Cerebral Hemorrhage</u>	
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. <u>Laborer</u>					Date of onset	
9. Industry or business in which work was done, as saw mill, bank, etc.					Other contributory causes of importance:	
10. Date deceased last worked at this occupation (month and year)					Name of operation _____ Date of _____	
11. Total time (years) spent in this occupation					What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>					23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 19____	
13. NAME <u>John Huffstutter</u>					Where did injury occur? <u>none</u> (Specify city or town, county, and State)	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>					Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME <u>Don't know</u>					Manner of injury <u>none</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>					Nature of injury <u>none</u>	
17. INFORMANT (ADDRESS) <u>Ed. J. Robertson</u>					24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill Cem</u> DATE <u>Aug 27</u> 19 <u>38</u>					If so, specify _____ (Signed) <u>Ed. J. Robertson</u> M. D.	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ed. J. Robertson</u> <u>Laredo, Mo.</u>					301 (Address) <u>Laredo, Mo.</u>	
20. FILED <u>Aug 31</u> 19 <u>38</u> <u>J. B. Humphreys</u> Legal Registrar						

(Licensed Embalmer's Statement on Reverse Side)