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.

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

PLACE OF DEATH

County Grundy

Township ______ or Village ______ or City Galt (NO. ______ St.; ______ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 377 File No. 27875

Primary Registration District No. 4194 Registered No. 17

FULL NAME Margaret Huffstutter

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR OR RACE: white

SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): widowed

DATE OF BIRTH: March 27 1840 (Month) (Day) (Year)

AGE: 71 yrs. 7 mos. 21 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 9-0

BIRTHPLACE (City or town, State or foreign country): Glascow Scotland

PARENTS

NAME OF FATHER: Edward Haney

BIRTHPLACE OF FATHER (City or town, State or foreign country): Ireland

MAIDEN NAME OF MOTHER: Isabel Wilson

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Scotland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James L Huffstutter

(ADDRESS) Galt Mo.

Filed Nov. 20" 1911 Geo. A. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 18 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 21, 1911, to Nov 18, 1911, that I last saw her alive on Nov 17, 1911, and that death occurred, on the date stated above, at 4 a.m. The CAUSE OF DEATH* was as follows:

Valvular Heart Weakness

(Duration) ___ yrs. ___ mos. 23 ds.

Contributory (SECONDARY) ______ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) A. W. Thompson M. D.

Nov 20, 1911 (Address) Galt Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Rural Dale Cemetery

DATE OF BURIAL: Nov 21 1911

UNDERTAKER: Warren & Williamson

ADDRESS: Galt Mo.