

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.

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

Do not use this space.

FEB 7 1935

1786

1. PLACE OF DEATH

County Jefferson
Township
City Festus (No. _____)

Registration District No. 421
Primary Registration District No. 4249

File No. _____
Registered No. 1
Ward _____

2. FULL NAME Charles Joseph Huck

(a) Residence, No. Adams St., Festus Mo. St. Ward. ~~TEXT HERE~~
(Usual place of abode) (If nonresident, give city or town and State)

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 <u>Margie M. Huck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept., 18, 1889</u>		
7. AGE YEARS 45	MONTHS 4	DAYS 2
If LESS than 1 day, hrs. or min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan., 14 1935

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zell Missouri

13. NAME Frank Huck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zell Missouri

15. MAIDEN NAME W. Grass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zell Missouri.

17. INFORMANT Josephine Bauman
(ADDRESS) Ste. Genevieve Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste Genevieve Mo. DATE Jan. 28, 1935

19. UNDERTAKER Duester and Vinyard
(ADDRESS) Festus Missouri.

20. FILED Jan 20, 1935 J. C. Rutledge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1935

22. I HEREBY CERTIFY that I attended deceased from Jan 12 1935 to Jan 19 1935

I last saw him/her alive on Jan 19 1935. Death is said to have occurred on the date stated above, at 10:30 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobor Date of onset 1/13/35

Influenza MM 1/1/35

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) Harry Gaskett M. D.
(Address) Festus Mo.

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