OCT 28 1927

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Hayti
City ..... (No. ..... St. ..... Ward)

Registration District No. 653
Primary Registration District No. 5864

File No. 27970
Registered No. 81

2. FULL NAME Mrs Zonie Huffman
(a) Residence. No. ..... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-28-1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	8	12	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S.O.

PARENTS
10. NAME OF FATHER J E Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Carline Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) S.O.

14. INFORMANT Mrs Dora Jennings
(Address) Hayti Mo

15. FILED 9-10-1927 J. W. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-9 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1927, to Sept 7, 1927, that I last saw her alive on Sept 7, 1927, and that death occurred, on the date stated above, at 12:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
1
10
(duration) ..... yrs. 8 mos. weeks

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Blythesville Ark
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) F R Atkins, M. D
, 19 (Address) Caruthersville 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 Hayti Cemetery
DATE OF BURIAL 9-9 1927

20. UNDERTAKER H S Smith
ADDRESS Cville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.