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

Do not use this space.

JUL 5

1. PLACE OF DEATH

County: Cedar — Registration District No.: 163 — File No.: 16491

Township: Box — Primary Registration District No.: 5228 — Registered No.: 25

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME Mahala M Huff

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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: Female
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: W. F. Huff

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec-25-1856

7. AGE: Years 71 | Months 4 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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): Ills

PARENTS

10. NAME OF FATHER: J. N. Graham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): W. Vir
12. MAIDEN NAME OF MOTHER: Eliza Armentrout
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): W. Vir

14. INFORMANT: W. F. Huff
(Address): El Dorado Springs Mo #3

15. FILED 5-19-1928 J. W. Dawson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May-18-1928

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1927, to May 18, 1928 that I last saw her alive on May 16, 1928, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
appoplexy
8 x 8
(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY): [signature]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

5/19/28 (Signed) L. T. Dunaway, M. D.
, 19 (Address)

*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: Mt Hebron — DATE OF BURIAL: 5/19 1928

20. UNDERTAKER: M D Gurim El Dorado Sgs. Mo — ADDRESS

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.