

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

Do not use this space.  
*Clark*  
26809  
File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Lea Registration District No. 210  
Township Jefferson Primary Registration District No. 2014  
City Jefferson (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence No. 610 Michigan St. 4th Ward. (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 A. A. Huffman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21 - 1881

7. AGE < YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
42 1 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Elk Prairie  
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Freshour  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miami town  
(STATE OR COUNTRY) Ohio  
12. MAIDEN NAME OF MOTHER Jane Hodges  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russelville  
(STATE OR COUNTRY) Mo.

14. INFORMANT A. A. Huffman  
(Address) J. C. M.

15. FILED 9-7-28 19. U. Bedford REGISTRAR  
M. D.

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1928  
17. Aug 29 1928, to Aug 30 1928

HEREBY CERTIFY That I attended deceased from Aug 29 1928, to Aug 30 1928 that I last saw her alive on Aug 30 1928 and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Uremia, Chronic  
Nephritis

12 1/2 (duration) yrs. mos. 3 da.  
CONTRIBUTORY Cholelithiasis  
(SECONDARY) (duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
(Signed) M. A. Clark, M. D.

8/31, 1928 (Address) Jefferson  
\*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 Union Cem DATE OF BURIAL 9/2 28

20. UNDERTAKER Lawson-Tamm ADDRESS J. C. M.

M. 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.

