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

Do not use this space.

33568

File No. ____ Registered No. 33568

1. PLACE OF DEATH

County: Jackson — Registration District No. 822

Township: Kansas — Primary Registration District No. 1002

City: K.C. Mo. (No. 5828 E 27 St. ____ Ward)

2. FULL NAME Floyd Jacob Huffman

(a) Residence. No. 5828 E 27 St., 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	White	Child

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 8-1921

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	7	1	29	

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

9. BIRTHPLACE (CITY OR TOWN): Rosedale
(STATE OR COUNTRY): Ks.

PARENTS
10. NAME OF FATHER: Virgil Huffman
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Bertha Dobbins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Missouri

14. INFORMANT: Virgil Huffman
(Address): 5828 E 27

15. FILED 10/9, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1928, to Oct 7, 1928, that I last saw h. alive on Oct, 19____, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
Myocardial degeneration
following diph. 2nd
previous (duration) ____ yrs. ____ mos. ____ ds.
CONTRIBUTORY (SECONDARY) Endocarditis Chronic
Myocarditis (duration) 10 yrs. 3 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? DATE OF:
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. L. Wilson, M.D.
10/8, 1928 (Address) 8 W 11 Realty Bldg.

*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 Moriah — DATE OF BURIAL: Oct 9 1928

20. UNDERTAKER: Rose & Henderson — ADDRESS: 1 5th Ave

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.

PERMANENT RECORD

Dr Laffon
West Pol 7993
822 Rialto
3 to 5