

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

Do not use this space  
*Cheney*

34163

1328

1. PLACE OF DEATH  
 County *Macon* Registration District No. *533*  
 Township *Narrows* Primary Registration District No. *522*  
 City (No. ....) St. .... Ward ....

2. FULL NAME *Mrs Bettie Huntsman*  
 (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. 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 *H. M. Huntsman*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 1, 1859*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<i>68</i>	<i>10</i>	<i>22</i>	

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

9. BIRTHPLACE (CITY OR TOWN) *Macon Mo*  
 (STATE OR COUNTRY)

10. NAME OF FATHER *Benjamin Watson*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Kentucky*  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Jenny Hall*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Kentucky*  
 (STATE OR COUNTRY)

14. INFORMANT *Jerry Huntsman*  
 (Address) *Rt D Macon, Mo*

15. FILED..... 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 23 1928*

17. I HEREBY CERTIFY That I attended deceased from *8-11 1928* to *10-23 1928* that I last saw h. or alive on *10-23 1928*, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*myocarditis (acute)  
 atherosclerosis*

CONTRIBUTORY (SECONDARY) *Chronic Bronchitis (non J.B.)* (duration) *1* yrs. *6* mos. da.  
*Spinal Arthritis* (duration) *10* 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 COMPLETED DIAGNOSIS? *Clinical*  
 (Signed) *J. F. Cheney*, M. D.  
 , 19 (Address) *Macon, 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 DATE OF BURIAL  
*Mt. Salem Cemetery Oct 26 1928*

20. UNDERTAKER ADDRESS  
*Albert Skinner Macon Mo*

1928-10-23  
1859-12-1  
68-10-22

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Macon Registration District No. 535 File No. 1  
 Township Narrows Primary Registration District No. 3720 Registered No. 100  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Pettie Huntsman

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1, 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 10 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (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) Macon Co

**10. NAME OF FATHER**

Benjamin Watson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**12. MAIDEN NAME OF MOTHER**

Gene Wall

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

14. INFORMANT Henry Huntsman  
 (Address) R. F. D Macon, Mo.

15. Feb 11 1929 J. F. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1928

17. I HEREBY CERTIFY That I attended deceased from 8-11-1928 to 10-23-28 1928  
 that I last saw or alive on 10-23-28, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

myocardial acute  
Arterio Sclerosis

CONTRIBUTORY Chronic Bronchitis (7 or 9) (duration) 1 yrs. 6 mos. 6 ds.  
Spinal Arthritis (duration) 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**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? Clinical

(Signed) D. F. Turner, M. D.

, 19 \_\_\_\_\_ (Address) Macon 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 mt Salem Cemetery DATE OF BURIAL Dec 26 1928

20. UNDERTAKER Albert Spinner ADDRESS macon Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-34163