

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

Do not use this space.

40547

1. PLACE OF DEATH

County Jackson
Township Law
City W.C. Mo. (No. St. Mary's Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. 4345
Registered No. 4345
St. _____ Ward _____

2. FULL NAME Bettie Huffaker

(a) Residence. No. 1100 Cleveland 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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 4

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) unknown
(STATE OR COUNTRY)

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. H.E. Boyer
(Address) 1100 Cleveland

15. FILED 12/2/29 M.M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-24-29, 1929, to 12-1-1929, that I last saw h. alive on 12-1-1929, and that death occurred, on the date stated above, at 11-05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar

108 1010 (duration) yrs. mos. 6 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1100 Cleveland

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) E.L. Kell, M. D.

11, 1929 (Address) 1222 Rialto 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 Anderson Mo. DATE OF BURIAL Dec-2, 1929

20. UNDERTAKER Mrs P.L. Foster ADDRESS W.C. Mo

2335
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CAUSE OF DEATH - H. P. ...

