32737-C

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

Do not use this space.
32737-C

JAN 19 1931

1. PLACE OF DEATH
County Howell
Township
City West Plains No. Mo
Registration District No. 384
Primary Registration District No. 4227
File No. 103
Registered No.
St. Ward)

2. FULL NAME Clara B. Huddleston
(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 Fe
4. COLOR OR RACE Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 11 - 1911

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
19	6	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) Missouri

PARENTS
10. NAME OF FATHER J. H. Huddleston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Effie Heard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Mrs J. H. Huddleston
(Address) West Plains Mo

15. FILED 11-12 1930 O. P. Heinrich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/10 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 3rd, 1930, to Oct. 10th, 1930 that I last saw her alive on Oct. 10th, 1930 and that death occurred, on the date stated above, at 1:00 / 0 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Chr. Pul.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) 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) A. H. Thornberry M. D.
10/10, 1930 (Address) West Plains, 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 Rosh Konong
DATE OF BURIAL 10/12 1930

20. UNDERTAKER McFarland's
ADDRESS West Plains Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.