

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.

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

Do not use this space.

797

PLACE OF DEATH

County Dunklin
Township Cotton Hill
City (No.) St. Ward)

Registration District No. 289
Primary Registration District No. 0407

File No.
Registered No. 7

2. FULL NAME Mary Isabell Huffman

(a) Residence, No. St. Ward.

(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 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 W. E. Huffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/10/1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
10. Date deceased last worked at this occupation (month and year) Dec 1930 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo.

FATHER 13. NAME Dullinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Caroline Whitehead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) W. E. Huffman

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie DATE 1-3 1931

19. UNDERTAKER (ADDRESS) W. L. Craig

20. FILED 1/3 1931 S. E. Mitchell Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2 1931

22. I HEREBY CERTIFY that I attended deceased from Oct 11 1930, to Jan 2 1931

I last saw him alive on Dec 22 1931. Death is said to have occurred on the date stated above, at 12:00 P. M.

The principal cause of death and related causes of importance were as follows:

myocarditis

Other contributory causes of importance: cardiac atherosclerosis

Name of operation none Date of Jan 29

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 1910

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Graydon Carleton M. D.

(Address) Malden Mo

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