

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

Do not use this space.

27898-2

**1. PLACE OF DEATH**

County Douglas  
Township Barton  
City Avon (No. \_\_\_\_\_)

Registration District No. 272  
Primary Registration District No. 4165

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** Louisa Huffman

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 29

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) August, 1931 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Missouri

13. NAME Rhoda Day

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Rhoda King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMAN (ADDRESS) Leta Lakey  
Avon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Avon R # 4 DATE 8/29 1931

19. UNDERTAKER (ADDRESS) C. V. Chivington  
Avon, Mo.

20. FILED 1071 19 31 CPM Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/27 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1931, to Aug 27 1931. I last saw him alive on Aug 27 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cardiac Failure Date of onset \_\_\_\_\_

Other contributory causes of importance: beginning gangrene of left lower limb  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) M. E. Gentry, M. D.  
(Address) \_\_\_\_\_

