

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

Do not use this space.

**1. PLACE OF DEATH**

9 County Rollinger Registration District No. \_\_\_\_\_  
Township Crooked Creek Primary Registration District No. 51  
City Lutesville, (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 15-265-2  
Registered No. \_\_\_\_\_

**2. FULL NAME Lucinda Catherine Huffman**

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13 1846  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
## 92 7 16

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. 1

FATHER 13. NAME Fred Yount 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. 1

MOTHER 15. MAIDEN NAME Polly Mayfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

17. INFORMANT Columbus Robbins  
(ADDRESS) Bessville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blinkard Cemetery DATE May 31 1932

19. UNDERTAKER H. J. Baker  
(ADDRESS) Lutesville Mo

20. FILED Feb. 14 1933 Sarah Bollinger  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1932, to May 29, 1932  
I last saw her alive on May 29, 1932 Death is said to have occurred on the date stated above, at 3 P. m.

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

Bronchial Pneumonia Date of onset 5/28/32

Other contributory causes of importance:

Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) J. B. Vaughn, M. D.

(Address) Patton, 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.

1-B 2-2 1932

