

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

Do not use this space.

21956

1. PLACE OF DEATH

10 County Boone Registration District No. 73
 3 Township Columbia Primary Registration District No. 3006
 8 City Columbia St. _____ Ward _____

2. FULL NAME

Doris Huffman
 (a) Residence, No. 3 Stutzler St. 1st Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 11 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edgar Huffman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-10-1880</u>				
7. AGE	YEARS <u>52</u>	MONTHS <u>4</u>	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone County, Missouri</u>			
	13. NAME <u>Dont Know</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>			
	15. MAIDEN NAME <u>Millie Smith</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockport, Missouri</u>				
17. INFORMANT <u>Edgar Huffman</u> (ADDRESS) <u>Columbia, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>7-22</u> 19 <u>32</u>				
19. UNDERTAKER <u>Stuart P. Parker</u> (ADDRESS) <u>Columbia, Missouri</u>				
20. FILED <u>7/22/32</u> <u>Allie Selby</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18 1932 to July 19 1932
 I last saw him alive on July 19 1932 Death is said to have occurred on the date stated above, at 5:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocardial Infarction
92A 92A
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Thrombus 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? _____
 If so, specify _____
 (Signed) J. A. Taylor, M. D.
 (Address) 112 S. 2nd

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.

AUG 22 1932

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