WHITE PLANET WITH OLEADING 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 17 1932

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

Do not use this space.

23775

1. PLACE OF DEATH

88 County RANDOLPH Registration District No. 729 File No. 8

Township CAIRO Primary Registration District No. 5963 Registered No.

City (No. , St. Ward)

2. FULL NAME MAYDE HUNTSMAN

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

## 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: BEN HUNTSMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 11 - 1876.

7. AGE: YEARS 56 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.

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.: 235
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): RANDOLPH CO MO. 1

FATHER

13. NAME: JACK HALLIBURTON 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): TENNESEE

MOTHER

15. MAIDEN NAME: KITTIE PAYTON.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO. 1

17. INFORMANT (ADDRESS): Ben Huntsman Cairo, Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE: UNION CEM DATE: JULY 7 1932

19. UNDERTAKER (ADDRESS): SNOW - LEAVERTON. MOBERLY - MO

20. FILED July 10 1932 Dr. J. P. Allen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5th 1932 to July 5, 1932

I last saw her alive on July 5 1932 Death is said to have occurred on the date stated above, at 4:30 P.m.

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

| | Date of onset |
|---|---|
| Apoplexy | 6/14/32 |
| 46E | |
| 87A 466 | |

Other contributory causes of importance:

| | |
|---|---|
| Carcinoma Liver (3) | 6/5/32 |

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

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) Benj. S. Jolly, M. D.

(Address) Jacksonville, Mo