Dr. T. S. Bruton

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

Do not use this space.

28978

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 617

3 City Springfield Mo. (No. 1837 N. Benton St. Ward)

5 2. FULL NAME Maggie Ann Huffman

(a) Residence, No. 1837 N Benton St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 13, 1861

7. AGE: YEARS 71 — MONTHS 3 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Mother
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): Knoxville Tenn. 2

FATHER

13. NAME: Ezikila Gammons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Va

MOTHER

15. MAIDEN NAME: Mary Susan Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Va

17. INFORMANT (ADDRESS): Mrs Don J Casey 1837 N Benton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Montain Home DATE: Sept 4, 1932

19. UNDERTAKER (ADDRESS): F. C. Thieme 1100 Boonville Springfield Mo.

20. FILED: 9-3, 1932 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1932 to Sept, 1932

I last saw her alive on Sept, 1932 Death is said to have occurred on the date stated above, at 1:30 a m.

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

	Date of onset
Thoracic Aneurism	1925
96	

Other contributory causes of importance: 96 (1)

Name of operation: None 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? 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) T. S. Bruton, M. D.
(Address) Springfield 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.

OCT 25 1932