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.

SEP 26 1932

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

Do not use this space.

29947

1. PLACE OF DEATH

75 County Oregon — Registration District No. 631 — File No.

Township Big Apple — Primary Registration District No. 5833 — Registered No. 16 1932

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Leona Pernecia Huff

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James E. Huff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sep 13 1879

7. AGE: YEARS 52 — MONTHS 11 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Poaahontas Ark.

FATHER

13. NAME: Hes Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Sabina A. Crider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): A. Vincent, Kashkonong Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Shiloah, Oregon — DATE: Co Mo. 9/6/32, 19

19. UNDERTAKER (ADDRESS): Leo Carr

20. FILED 7/10, 1932 Pearl Millstedter, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sep 5 32, 19

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1931, to Aug. 1st, 1932. I last saw her alive on Aug 1st, 1932. Death is said to have occurred on the date stated above, at 3:30 m.

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

Pulmonary Tuberculosis — Date of onset

VOA

23

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) J. Frank Gullic, M. D.

(Address) Kashkonong Mo.

Gullic.