SEP 29 1934

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

Do not use this space.

1. PLACE OF DEATH
County Nodaway — Registration District No. 618 — File No. 9862-~~30~~
74 Township Nodaway — Primary Registration District No. 5870 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nancy Ann Huffman
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Huffman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1845
7. AGE YEARS 89 MONTHS 1 DAYS 15 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.
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) Hillsborough Ind
FATHER
13. NAME Christian Beaver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
MOTHER
15. MAIDEN NAME Lydia Heaston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Luke Huffman Burlington Jct Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Clearmont DATE Mar 25 1934
19. UNDERTAKER (ADDRESS) Price Funeral Home Maryville Mo
20. FILED Mar 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23, 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1934, to Mar 23, 1934
I last saw her alive on Mar 23, 1934 Death is said to have occurred on the date stated above, at 1-40 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Mar 19
11 A	
10 7 P	
11 A	
Other contributory causes of importance: Influenza	Mar 10,

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) C. Cossins, M. D.
(Address) Burlington Jct Mo

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.

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