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 17 1935

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

Do not use this space.

28739

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. 2018 Francis St. Ward)
Registration District No. 1001
Primary Registration District No.
File No.
Registered No. 934

2. FULL NAME Allie Lee Huyett,
(a) Residence, No. 2018 Francis St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 82 yrs. 5 mos. 3 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: Marshall S. Huyett,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5, 1853
7. AGE: YEARS 82, MONTHS 5, DAYS 3; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) September 1935
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: William Funk,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, California,

MOTHER
15. MAIDEN NAME: Mary Lee Flint,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

17. INFORMANT (ADDRESS): Mrs E. M. Reynolds 914 Prospect Avenue,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Sept. 9th, 1935
19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman 319 So. 10th. St. Funeral Home
20. FILED 9-9- 1931 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8th, 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1934, to Sep. 8, 1935
I last saw her alive on Sept 7, 1935 Death is said to have occurred on the date stated above, at 3:35 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma, of Bowell — Date of onset 1933.

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Other contributory causes of importance: none

Name of operation — 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) J. W. Mays, M. D.
(Address) St Joseph Mo.