

FEB 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

white

Married

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

James C. Huffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 21 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

70

8

0

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

In home

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Unknown

FATHER

13. NAME

Isaac C. Jenkins

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Mary E.

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Unknown

17. INFORMANT
(ADDRESS)J. C. Huffman, Sr.
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

East Canyon, DATE Dec 22 1935

19. UNDERTAKER
(ADDRESS)J. W. Kingery & Co.
Springfield, Mo.

20. FILED

12-22-35

R. W. Langston
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

12-21-1935

22. I HEREBY CERTIFY, That I attended deceased from
12-21-1935, to 12-21-1935I last saw her alive on 12-21-1935. Death is said
to have occurred on the date stated above, at 4 P. m.

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

Cancer of the neck and
throatPrimary probably submaxillary
gland

Other contributory causes of importance:

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

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. C. Huffman, M. D.

(Address)

Springfield 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.

