

FEB 15 1936

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

Do not use this space.

2378

1. PLACE OF DEATH

County Oak  
Township Richland  
City Richland (No. ....)

Registration District No. 650  
Primary Registration District No. 5861

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Johnnie Clmer Paul Huffman

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (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

3. SEX

M

4. COLOR OR RACE

W

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

Child

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

child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1932

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

3

7

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Rome

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Fred Huffman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Ava Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT  
(Address)

Ava Huffman

Danish Dorn

15.

FILED Jan. 16, 1936

J. A. Balf MD  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 2 1936

17.

I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....

that I last saw h..... alive on....., 19...., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Ava Huffman, Mother M.D.

, 19 (Address) Dora Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Oak Mound Cem.

Jan. 4 1936

20. UNDERTAKER

None

ADDRESS



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

Do not use this space.

**1. PLACE OF DEATH**

County Boone  
Township Richland  
City Boone (No.       )

Registration District No. 650  
Primary Registration District No. 3867

File No.         
Registered No.       

**2. FULL NAME**

Johnnie Elmer Paul Huffman  
(a) Residence, No.        St.        Ward         
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

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

7. AGE YEARS 3 MONTHS 7 DAYS 8 If LESS than 1 day,        hrs. or        min.

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

FATHER 13. NAME       

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

MOTHER 15. MAIDEN NAME       

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

17. INFORMANT (ADDRESS)       

18. BURIAL, CREMATION, OR REMOVAL PLACE        DATE        19.

19. UNDERTAKER (ADDRESS) None

20. FILED Jan. 16, 1936 J. A. Baltz M.D. Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from       , 19      , to       , 19      .

I last saw h        alive on       , 19      . Death is said to have occurred on the date stated above, at        m. The principal cause of death and related causes of importance were as follows:

Date of onset       

Cause of death unknown

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. A. Baltz, M. D.

(Address) Fremont Mo.

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