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.

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

FEB 26 1936

Do not use this space.

4611

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1091 — Registered No.: 155

City: St Joseph (No. State Hospital for Insane No. 2 St. ... Ward)

2. FULL NAME: Lydia A Huffman

(a) Residence, No.: State Hosp #2 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 30 yrs. ... mos. 6 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert T. Huffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-5-1858

7. AGE: Years 77 | Months 7 | Days 0 | 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.: Home

10. Date deceased last worked at this occupation (month and year): Feby 1931

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

FATHER

13. NAME: Thomas B. Sidton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri Mo

MOTHER

15. MAIDEN NAME: Malinda Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown unknown

17. INFORMANT (ADDRESS): Records State Hospital St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Savannah, Mo DATE: Feby Feb 1936

19. UNDERTAKER (ADDRESS): Heston-Bethale-Bauman 319 So. 10th St. Funeral Home

20. FILED: 2-6 1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1935, to 2-5, 1936

I last saw her alive on 2-5, 1936. Death is said to have occurred on the date stated above, at 11 A m.

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

	Date of onset
Chronic Myocarditis	12-6-35 +
Other contributory causes of importance: Senility	12-6-35 +

Name of operation: None 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) E E DeLong, M. D.

(Address) State Hosp #2 St Joseph.