

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**

Do not use this space.

38072

NOV 28 1936

**1. PLACE OF DEATH**

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 Township Galena Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Joplin (No. 1612 Pearl Avenue) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John Benton Huffman  
 (a) Residence, No. 1612 Pearl St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 9 yrs.  mos.  ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Huffman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29, 1848</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>6</u>
	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>August, 1936</u>	11. Total time (years) spent in this occupation <u>55</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Newton County</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>James Huffman</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Jamestown</u> (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Jane Shannon</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Newton County</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>L. M. Huffman</u> (ADDRESS) <u>1612 Pearl Joplin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>P.O.S. Newton, Mo.</u> DATE <u>Oct. 27</u> , 19 <u>36</u>		
19. UNDERTAKER <u>Lanpher Mortuary</u> (ADDRESS) <u>1502 Joplin St. Joplin, Mo.</u>		
20. FILED <u>10-26-36</u> Ed. D. J. _____ Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 26, 1936

I HEREBY CERTIFY that I attended deceased from Spr. 30, 1936, to Oct 26, 1936

I last saw him alive on Oct 24, 1936. Death is said to have occurred on the date stated above, at 7:45 a. m.

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

General arteriosclerosis  
Arteriosclerosis Date of onset \_\_\_\_\_

Other contributory causes of importance: GA

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) M. J. Lovelace, M. D.

(Address) Joplin Mo

