

JAN 28 1937

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

Do not use this space.

43710

1. PLACE OF DEATH

County Barry
Township Purdy
City Purdy (No. _____)

Registration District No. 31
Primary Registration District No. 4022

File No. _____
Registered No. 48 St. _____ Ward _____

2. FULL NAME

Jackie Thomas Huntley

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MC</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 25 1936</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>20</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove Arkansas

MOTHER 13. NAME Benny Huntley

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

15. MAIDEN NAME Soldie Reed

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

17. INFORMANT (ADDRESS) Benny Huntley Purdy, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crosses Ark DATE Dec 15 1936

19. UNDERTAKER (ADDRESS) Pogue & Son

20. FILED 12-28-36 Matty Blankenship Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15th 1936

22. I HEREBY CERTIFY, that I attended deceased from Dec 9th 1936 to Dec 15th 1936

I last saw him alive on Dec 14th 1936 Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 12-9-36

Other contributory causes of importance:
Emphysema Chronic
Malnutrition

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys 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. D. Baldwin, M. D.
Purdy Mo (Address)

