

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County Newton Registration District No. 611 File No. 12811
 Township Dayton Primary Registration District No. 5815 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Society Lolova Huffman

(a) Residence, No. _____ 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 3 11

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.
 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) Oklahoma

MOTHER 13. NAME Arville Harding

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Maudie Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Ira Huffman
Medford Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem Co DATE 11-24 1937

19. UNDERTAKER (ADDRESS) Bigham's
Neosho Mo

20. FILED 4/10 1937 Merle Spain
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937, to Feb 23, 1937
 I last saw her alive on Feb 23, 1937. Death is said to have occurred on the date stated above, at 140.

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

Lobar Pneumonia (Rt Side) Date of onset Feb 12

Other contributory causes of importance Influenza

Name of operation none 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? _____
 If so, specify _____ (Signed) M. A. Bowman, M. D.
 (Address) Neosho, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

