



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bollinger Registration District No. 67 File No. 19386
Township Liberty Primary Registration District No. 2-104 Registered No. 8
City (No. _____) St. _____ Ward _____

2. FULL NAME

Lenna Huffman

(a) Residence, No. 2 New Luffel 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Columbus Huffman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-28-1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Home
10. Date deceased last worked at this occupation (month and year) Mar 1937
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

FATHER
13. NAME George Buckner

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

MOTHER
15. MAIDEN NAME Bilder

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

17. INFORMANT (ADDRESS) Charles Huffman

18. BURIAL, CREMATION, OR REMOVAL PLACE Barks Chapel DATE Apr 2 1937

19. UNDERTAKER (ADDRESS) W. H. Baker Littleville Mo.

20. FILED Apr 2 1937 Mar 6 1937 Bander Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1937 to Apr 1 1937.
I first saw her alive on Apr 1 1937. Death is said to have occurred on the date stated above, at 1:10 a.m.

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

Chronic interstitial nephritis, Cardiac dilatation, Influenza Date of onset _____

Other contributory causes of importance: old age

Name of operation no operation Date of _____

What test confirmed diagnosis? urinalysis 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? no

If so, specify _____

(Signed) J. M. Finney, M. D.

(Address) Luffel

July 28-1937

5-19386

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