

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

Do not use this space.

**JUN 17 1937**

19440

**1. PLACE OF DEATH**  
 // County Buchanan Registration District No. 85  
 // Township ..... Primary Registration District No. 1001  
 // City St. Joseph (No. 216 1/2 West, Missouri Ave. 2)  
 // St. .... Ward) 1  
**2. FULL NAME**  
Frances Faye Huffman  
 (a) Residence, No. 517 Mitchell Ave. 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)

File No. ....  
 Registered No. 530  
 St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Jingle  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** .....  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 2, 1937  
**7. AGE** YEARS 0 MONTHS 0 DAYS 0  
 If LESS than 1 day, 0 hrs. or 0 min.  
**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** .....  
**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)** St. Joseph Missouri  
**FATHER**  
**13. NAME** Emmett Francis Huffman  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Podaway, Missouri  
**MOTHER**  
**15. MAIDEN NAME** Lula Beatrice Kearns  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Elwood Kansas  
**17. INFORMANT (ADDRESS)** E. F. Huffman 517 Mitchell Ave.  
**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Ashland Cem. May 3, 1937  
**19. UNDERTAKER (ADDRESS)** Clark Mortuary St. Joseph, Mo.  
**20. FILED** MAY 3 1937 H. H. Hutchins Registrar.

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 57 2 - 197  
**22. I HEREBY CERTIFY, That I attended deceased from** ..... 19..... to ..... 19.....  
 I last saw h W. Stillborn, 19..... Death is said to have occurred on the date stated above, at 3 Am.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset  
Stillborn  
 Other contributory causes of importance:  
 Name of operation..... 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) Tenton J. ..., M. D.  
 (Address) 216 1/2 W MO ave

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.

