

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Shannon
Township Richards
City (No.)

Registration District No. 824
Primary Registration District No. 6078

File No. 31978Registered No.
St. Ward)2. FULL NAME Dorothy Marion Huffman

(a) Residence, No. St. Ward.
(Usual place of abode)

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug - 7 - 4 - 22</u>		
7. AGE	YEARS	MONTHS
	<u>16</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>Student</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>		
FATHER	13. NAME <u>August Huffman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
MOTHER	15. MAIDEN NAME <u>Melissa Randolph</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
17. INFORMANT <u>Dorothy Paul</u> (ADDRESS) <u>Excelsior MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ruth Chapel</u> DATE <u>8-2-</u> 19 <u>37</u>		
19. UNDERTAKER <u>E. C. Paul</u> (ADDRESS) <u>Excelsior MO</u>		
20. FILED <u>8-1-</u> 19 <u>37</u> <u>Frank J. DeM...</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 25 - 1937, to Aug - 1 - 1937.
I last saw him alive on July - 3 - 1937. Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:
Tubercular Meningitis Date of onset

Other contributory causes of importance: 24

Name of operation

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) Frank J. DeM..., M. D.
(Address) Excelsior MO

WRITE PLAIN IN UNFADING INK--THIS IS A PERMANENT RECORD

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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.

