

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

Do not use this space.

*H 1624 - C*

**1. PLACE OF DEATH**

County..... McDonald ..... Registration District No. 315  
 Township..... Prairie ..... Primary Registration District No. 4311  
 City..... Southwest City (No. ....) St. .... Ward)

**2. FULL NAME** Georgetta Elizabeth 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 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11th 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>65</u>	<u>II</u>	<u>14</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeper  
 (b) General nature of industry, business, or establishment in which employed (or employer) Housework  
 (c) Name of employer (Lived with Daughter)

9. BIRTHPLACE (CITY OR TOWN) Bentonville  
 (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Samuel Allen Jefferson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fayetteville  
 (STATE OR COUNTRY) Arkansas

12. MAIDEN NAME OF MOTHER Jean Neal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbia  
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Abe Paul  
 (Address) Southwest City

15. 12/27/1928 Missouri  
 FILED 1928

*John J. Nichols*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25th 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... II, 59 P.M. a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Intestinal Flu

CONTRIBUTORY (SECONDARY) 11/13

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) G.V. Poynor, M. D.  
 , 19 (Address) Southwest City Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Jefferson Cemetry DATE OF BURIAL Dec 27th 19

Bentonville ark 20. UNDERTAKER Nichols Brothers ADDRESS Southwest City Mo

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.

*82 1928*