

## PLACE OF DEATH

County Quinn

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Marceline (NO. \_\_\_\_\_)MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 502File No. 28781Primary Registration District No. 4305Registered No. 43

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## FULL NAME

Mama Humburd

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) SingleDATE OF BIRTH Feb 3 - 1877  
(Month) (Day) (Year)AGE 34 yrs 6 mos 18 ds. If LESS than 1 day, hrs. or min.?OCCUPATION (a) Trade, profession, or particular kind of work Home maker  
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0BIRTHPLACE (City or town, State or foreign country) MissPARENTS  
NAME OF FATHER Thomas Humburd  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Va  
MAIDEN NAME OF MOTHER Ruby Grayson  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Va

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Humburd(ADDRESS) Marceline Mo.Filed Aug 23 1911, Old Putnam

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21, 1911  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Sept, 1910, to Aug 21, 1911, that I last saw her alive on Aug 20, 1911, and that death occurred, on the date stated above, at 12 A.M.

The CAUSE OF DEATH\* was as follows:

Nephritis (chronic)  
131 1/2  
(Duration) 1 yrs.  mos.  ds.Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) J. P. Carter M. D.  
Aug 23 1911 (Address) Marceline Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Mo. Oliver DATE OF BURIAL Aug 23 1911UNDERTAKER Geo. M. ... ADDRESS Marceline Mo.

N. B.—Every item of information should be carefully supplied. AGK 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.

