

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.

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

33377

PLACE OF DEATH
 County Scott,
 Township Saunderswoods,
 or
 Village _____
 or
 City _____ NO. _____

Registration District No. 815 File No. ~~33377~~
 Primary Registration District No. 449 Registered No. 19
6064 Ward _____

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

FULL NAME John Coy Humphrey,

PERSONAL AND STATISTICAL PARTICULARS
MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)
 DATE OF BIRTH April 26, 1911,
(Month) (Day) (Year)
 AGE 4 yrs. 12 mos. 12 ds. If LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH Sept 8, 1911
(Month) (Day) (Year)

OCCUPATION
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) none.

I HEREBY CERTIFY, that I attended deceased from Aug 27, 1911, to Sept 3, 1911,
 that I last saw him alive on Sept 3, 1911,
 and that death occurred, on the date stated above, at 508 m.

The CAUSE OF DEATH* was as follows:
119B Chronic Indigestion
106A
118C
 (Duration) yrs. 1 mos. 15 ds.

BIRTHPLACE (City or town, State or foreign country) Near Blodgett Mo
 NAME OF FATHER W. A. Humphrey,
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Henry Co. Tenn
 MAIDEN NAME OF MOTHER Anna Hendricks
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Henry Co. Tenn

Contributory (SECONDARY) acute Bronchitis
 (Duration) yrs. ___ mos. ___ ds.
 (Signed) G. Smith M. D.
 (Address) Detroit Mich

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. A. Humphrey,
 (ADDRESS) Blodgett Mo

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 _____

Filed Sept 28, 1911,
T. L. Opvie
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Blodgett Cemetery DATE OF BURIAL Sept 9, 1911
 UNDERTAKER Stubbs-Marshall Mercantile Co
P. Van Batey

BLODGETT, MO,

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill*; (a) *Salesman, (b) Grocery*; (a) *Foreman, (b) Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

County Scott
 Township Sandywoods
 or
 Village
 or
 City (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

 Registration District No. 815 File No. _____

 Primary Registration District No. 6064 Registered No. 19=

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

FULL NAME

John Geoy Humphrey

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)

DATE OF BIRTH 4-26, 1911
 (Month) (Day) (Year)

AGE 4 yrs. 12 mos. 12 ds. IF LESS than 1 day, _____ hrs or _____ min

 OCCUPATION
 (a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

 (City or town, State or foreign country)
near Blodgett, Mo.

PARENTS

 NAME OF FATHER W.A. Humphrey

 BIRTHPLACE OF FATHER (City or town, State or foreign country)
near Blodgett, Mo.

 MAIDEN NAME OF MOTHER Agnes Henderson

 BIRTHPLACE OF MOTHER (City or town, State or foreign country)
near Blodgett, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) W.A. Humphrey

 (ADDRESS) Blodgett, Mo.

 FILE 9-28, 1911

REGISTRAR

 Original file date 9-28, 1911

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH 9-8, 1911
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from 9-3, 1911, to 9-3, 1911, that I last saw him alive on 9-3, 1911, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Acute Enterocolitis

 Contributory about (Duration) _____ yrs. _____ mos. _____ ds.
Acute Bronchitis

 (Signed) O. Smith M. D.
9-28, 1911. (Address) Blodgett, 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 Blodgett, Mo. DATE OF BURIAL 9-9, 1911

 UNDERTAKER Stubb Marshall ADDRESS Blodgett, Mo.

All information called for must be written on this Supplementary Certificate

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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