14

MAY 26 1927

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

Do not use this space.

11268

1. PLACE OF DEATH
County: Pike
Township: Jefferson
City: (No. ..... St. ..... Ward)

Registration District No. 213-
Primary Registration District No. 3014-

File No.
Registered No. 114-

2. FULL NAME: Mary Francis Humphrey
(a) Residence. No. ..... St., ... Ward. Iberia Mo
(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: 9
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF: Mitchell A Humphrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 15 - 1851

7. AGE: Years 75 | Months 8 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Boldinger Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: F. P. Shirley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Mary Keel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: M A Humphrey
(Address): Iberia Mo

15. FILED 4/17/27. A. V. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1927, to Apr 16, 1927, that I last saw him alive on Apr 16 3 p.m., 1927, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Strangulated Inguinal Hernia

1224 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Sendhermen
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 14th
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical and Operation
(Signed) H. Taylor, M. D
4/18, 1927 (Address) Jefferson 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: Iberia Mo
DATE OF BURIAL: Apr 17 27

20. UNDERTAKER: Dawson & Tanner
ADDRESS: [illegible]

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.

...ONFADING INK—THIS IS A PERMANENT RECORD