

SEP 28 1927

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

Do not use this space.

24769

1. PLACE OF DEATH

County Laura  
Township Laura  
City Laura (No. \_\_\_\_\_)

Registration District No. 467  
Primary Registration District No. 4280

File No. \_\_\_\_\_  
Registered No. 68  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. Mc Dow St. \_\_\_\_\_ Ward. Mc Dowell, 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Lucile Humphill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
51 10 20 =

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

PARENTS

10. NAME OF FATHER Levi M. Humphill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Laura (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Elizabeth V

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Crane, Mo (STATE OR COUNTRY) Mo

14. INFORMANT Mrs Ira Humphill (Address) Mc Dowell, Mo

15. FILED 8/27/27 Bill Leonard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1927

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 \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tetanus  
22  
18.5 24 hours  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) injury from slipping  
rusty nail in foot  
(duration) yrs. mos. da. 1 d

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Bill Leonard, M. D.  
, 19\_\_\_\_ (Address) Laura

\*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 Casa Cemetery DATE OF BURIAL Aug 29 1927

20. UNDERTAKER King and Co ADDRESS Laura

N. H.—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.

