

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

Do not use this form
No. 958
No. 958

1. PLACE OF BIRTH

County *Peru* Registration District No. *631*
Township *Little Prairie* Primary Registration District No. *5-862*
City (No) _____

File No. _____
Registered No. *120*
St. _____ Ward _____

2. FULL NAME

Ethel Humphreys

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

10-26-1914

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>12</i>	<i>10</i>	<i>19</i>	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Tenn

(STATE OR COUNTRY)

10. NAME OF FATHER

J. C. Humphreys

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Tenn

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Annie Wallace

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Tenn

(STATE OR COUNTRY)

14.

INFORMANT (Address)

*J. C. Humphreys
Maple Cemetery*

15.

FILED

Oct 27 1927

Ada Matlock

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9-15-27

17.

I HEREBY CERTIFY That I attended deceased from *Sept 10*, 19*27*, to *9-15-27*, 19*27*, that I last saw him alive on *9-15-27*, 19*27*, and that death occurred, on the date stated above, at *4:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

CONTRIBUTORY (SECONDARY)

7401

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

J. B. Luten, M.D.
Carrollville

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Maple Cemetery

DATE OF BURIAL

9-16-27

20. UNDERTAKER

H. H. Smith

ADDRESS

Carrollville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

