

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

Do not use this space.

14292

1. PLACE OF DEATH

County Peru Registration District No. 651 File No. _____
 Township Little Prairie Primary Registration District No. 0-8-62 Registered No. 44
 City Little Prairie (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs Henry Etta Humphrey
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-27-1856

7. AGE YEARS 72 MONTHS 2 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work H.W.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER William Weaver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Indie Dillon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
 (STATE OR COUNTRY)

14. INFORMANT Edel Davis
 (Address) Bradfordville Mo

15. FILED May 10 1928 W. A. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/10 28 1928

17. I HEREBY CERTIFY That I attended deceased from April 8, 1928, to April 10, 1928 that I last saw him alive on April 8-50 P.M., 1928, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1.31 Cerebroplexy
 (duration) _____ yrs. _____ mos. 2 da.
 CONTRIBUTORY Chronic nephritis
 (SECONDARY) (duration) 2 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab-

(Signed) James P. Vickrey, M. D.
 Apr. 11, 1928 (Address) Bradfordville 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 Little Prairie DATE OF BURIAL Apr. 11, 1928

20. UNDERTAKER H. H. Smith ADDRESS Aculla

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.

