

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.

27 1928

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

Do not use this space.

36592

1. PLACE OF DEATH
 County Jefferson Registration District No. 314
 Township NO Primary Registration District No. 4190
 City Stonberry (No.) St. Ward) (If nonresident give city or town and State)

2. FULL NAME Mrs. Rachael 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7. 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 8 25

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)

9. BIRTHPLACE (CITY OR TOWN) Jefferson (STATE OR COUNTRY) MO.

10. NAME OF FATHER Cornelius Buckridge

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

12. MAIDEN NAME OF MOTHER Ellen Henderson

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

14. INFORMANT James Humphrey (Address) Stonberry, MO

15. FILED 11/15 1928 C. Bernal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1928, to Nov 2, 1928, that I last saw him alive on Nov 2, 1928, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arterio stenosis
Chronic Myocarditis
 (SECONDARY)

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?
 (Signed) C. J. Pray, M. D., (Address) Albany, 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 Stonberry MO DATE OF BURIAL 11/4 28

20. UNDERTAKER Edward F. Phillips ADDRESS Stonberry MO

