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

Do not use this space. 1956

FEB 22 1929 48 12 6

1. PLACE OF DEATH

County Jackson Registration District No. 4100 File No.

Township Prairie Primary Registration District No. 855 [illegible] Registered No. 7

City (No. St. Ward)

2. FULL NAME Sylvester Humphreys

(a) Residence. No. Jackson County Home 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: Male

4. COLOR OR RACE: white

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-1-1850

7. AGE: Years 78 Months 11 Days 8 If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Druggist
(b) General nature of industry, business, or establishment in which employed (or employer) Leavenworth
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Illinois 2

PARENTS

10. NAME OF FATHER Edgar J. Humphrey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) K
(STATE OR COUNTRY) Kentucky 2

12. MAIDEN NAME OF MOTHER Marilla Decker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. York
(STATE OR COUNTRY) 1

14. Informant J W Hostetter
(Address)

15. Filed Jan 16 1929 W. S. James Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to 1-8, 1929, that I last saw h___ alive on 1-7, 1929, and that death occurred, on the date stated above, at 9 20 o'clock A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

92c 90B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J W Green, M. D

1/9, 1929 (Address) Independence 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: Cremation Elmwood C.
DATE OF BURIAL: Jan. 10 1929

20. UNDERTAKER: Eylar Funeral Home
ADDRESS: K.C. Mo

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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[illegible]

[illegible]