FEB 23 1929

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

Do not use this space.

2888

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. ..... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 38

2. FULL NAME Miss Mollie Humphrey
(a) Residence. No. 211 E Pettis St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF month & day unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1908

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Oskar Humphrey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Salisbury Mo
12. MAIDEN NAME OF MOTHER Eliza Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Salisbury Mo

14. INFORMANT Anna M Humphrey
(Address) 409 W Pettis St

15. FILED 1-30, 1929 J G L M REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed body, 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: Gun Shot wound inflicted with homocidal intent

173 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 197 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. T. Bishop Coroner, M. D
, 19 (Address) Sedalia

*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: Salisbury Mo
DATE OF BURIAL: Feb 1 1929

20. UNDERTAKER: Wm Alexander
ADDRESS: Sedalia Mo

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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