2 MAY 29 1929

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

Do not use this space. 15602

1. PLACE OF DEATH

County: Pike — Registration District No. 685 — File No. 20

Township: Calomell — Primary Registration District No. 5909-B — Registered No. 716

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME John W Humphrey

(a) Residence. No. Pike Co 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar-4-1851

7. AGE: Years 78 — Months 1 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Pike Co Mo

PARENTS
10. NAME OF FATHER: Joseph Humphrey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Margrett Salmon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Rachel Humphrey
(Address): Pamsville Mo

15. FILED May 1 1929 W W Treadway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1929, to April 3, 1929, that I last saw him alive on April 3, 1929, and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
(duration) 1 yrs. ..... mos. ..... ds.

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

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) J G Blue Neal, M.D.
Apr. 7, 1929 (Address) Clarksville 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: Greenwood Cem — DATE OF BURIAL: 4-8 1929

20. UNDERTAKER: J H Brown — ADDRESS: Clarksville

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.