

MISSOURI STATE BOARD OF HEALTH 3390 Do not use this space.
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

~~3194~~
2810

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1000
 City St. Louis (No. 1721) S. 12th St St. 23 Ward 888

2. FULL NAME

William Horace Humphreys
 (a) Residence No. 1721 S. 12th St., 23 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63. 11. 15.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter 163
 (b) General nature of industry, business, or establishment in which employed (or employer) Job. Work.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Horace Humphreys

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT John F. Humphreys
 (Address) 1721 S. 12th St

15. FILED 21 19 21 Jan C. Harlow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26 1930

17. No Physician in attendance
 I HEREBY CERTIFY, That I attended deceased from
 , 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:

Injury from of Throat
(self-inflicted)
 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

9 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. W. Turner, M.D.

125. 1930 (Address) Dr. Corcoran

*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 DATE OF BURIAL

Clinton St. C. Jan 30, 1930

20. UNDERTAKER ADDRESS

McLaughlin 1631 Mission

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.

29

