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

Do not use this space.

18784

1. PLACE OF DEATH
County Callaway
Township
City Fulton (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 121

2. FULL NAME Prof. James Clarence 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. 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 Husbamd of Mary Humphrey,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 11th, 1867,

7. AGE: Years 63 | Months 4 | Days 20 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sup't Of County Schools
(b) General nature of industry, business, or establishment in which employed (or employer) Teacher, DO 123D 118C
(c) Name of employer 95B

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

PARENTS

10. NAME OF FATHER James Warren Humphrey,
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo,
12. MAIDEN NAME OF MOTHER Susan Bennett ,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo,

14. INFORMANT E,R,Humphrey,
(Address) Fulton, Mo,

15. FILED June 3, 1930 R. M. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 1st, 1930,

17. I HEREBY CERTIFY, That I attended deceased from 5/30/30, 19 to 6/1/30, 19 that I last saw him alive on 6/1/30, 19, and that death occurred, on the date stated above, at 1,45 A, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac dilatation acute, following acute indigestion.

(duration) two yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Constipation, acute.
(duration) two yrs. mos.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? P.E.
(Signed) Greene D. McCall, M. D
, 19 (Address) Fulton M.

*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: Hillcrest Cemetery,
DATE OF BURIAL: June, 4, 19 30

20. UNDERTAKER: Herndon-Taylor Furn-Co,
ADDRESS: Fulton, 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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