

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

Do not use this space.

201 23 1930

19807

1. PLACE OF DEATH
 County Jackson Registration District No. 411
 Township Jackson Primary Registration District No. 2027
 City Jackson (No. Smelter Hill) St. _____ Ward _____

2. FULL NAME Mrs Irene 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Kealey Humphrey
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1886
 7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 43 9 25
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Homemaker
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1930
 I HEREBY CERTIFY that I attended deceased from _____ 19____ to _____ 19____
 that I last saw _____ alive _____ 19____ and that death occurred, on the date stated above at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the breast
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY)
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 46
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) W S Loveland (M. D.)
 . 19 _____ (Address) Jackson 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 Messerslem DATE OF BURIAL 6-28-1930
 20. UNDERTAKER Hubert and A. Poplin ADDRESS _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER Eric White
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Leary
 12. MAIDEN NAME OF MOTHER Jane Humphrey
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT family
 (Address) Smelter Hill Mo
 15. FILED 6/27 1930 A Benson Clark REGISTRAR

K. 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

