

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

Do not use this space.

22720

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township Blue Primary Registration District No. 3019 Registered No. 247
 City Independence (No. 320 West South Side Blvd.) St. _____ Ward _____

2. FULL NAME

Dorothy Lucile Humber
 (a) Residence. No. 320 West South Side Blvd. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 26 - 1924
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 11 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Child
 (b) General nature of industry, business, or establishment in which employed (or employer). Child
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Independence
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Albert P. Humber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Top Ledges
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ethel Barker

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

14. INFORMANT Albert P. Humber
 (Address) 320 West South Side Blvd.

15. FILED 7-29 19 30 F. L. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4
 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930
 17. I HEREBY CERTIFY, That I attended deceased from 7/22/30, 1930, to 7/28/30, 1930, that I last saw her alive on 7/28/30, 1930, and that death occurred, on the date stated above, at 2:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Rheumatic fever
50E
91H
 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Endocarditis - Bacteremia - Nephritis - Urine - Pusy matter
 (duration) yrs. mos. 4 ds.

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

(Signed) Snieszko Weber, M. D.

7/29/30 (Address) Independence

*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

Mount Grove Cem. July 30 1930

20. UNDERTAKER ADDRESS

Ed Carson's Son Independence

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

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PARENTS

