SEP 26 1930

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

Do not use this space.

27631

1. PLACE OF DEATH
County: Randolph
Township:
City: Huntsville (No. ..... St. ..... Ward)

Registration District No. 733
Primary Registration District No. 4438

File No.
Registered No. 303

2. FULL NAME: Marguette Elizabeth Umphrey

(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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 9, 1929

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	17	

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

9. BIRTHPLACE (CITY OR TOWN) Huntsville
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Elmer Umphrey
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Randolph Co
12. MAIDEN NAME OF MOTHER: Kathleen Minor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Huntsville

14. INFORMANT: Mrs Ada Minor
(Address): Huntsville Mo

15. Filed Sept 6, 1930 G G Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1930, to Aug 26, 1930, that I last saw h[illegible] alive on Aug 24, 1930, and that death occurred, on the date stated above, at 5:9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
119A
158
..... (duration) ..... yrs. ..... mos. 6 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. G. Bragg, M. D.
, 19 (Address) Huntsville

*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: Huntsville
DATE OF BURIAL: Aug 27 1930

20. UNDERTAKER: Tom B Patton
ADDRESS: Huntsville 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.