25 1931

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

Do not use this space.

6105

1. PLACE OF DEATH
County Knox
Township Center
City Edina (No. ..., ... St. ..... Ward)

Registration District No. 441
Primary Registration District No. 4259

File No. .....
Registered No. 89

2. FULL NAME Wm. Humphry Tapscott

(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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED~~ (~~write the word~~)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-9-1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	2-	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown 2
(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Thomas Tapscott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Mary R. Ritty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown 1

14. INFORMANT Iva Tapscott
(Address) Edina Mo.

15. FILED 3/9, 1931 Geo S Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1931, to Feb. 18, 1931 that I last saw him alive on Feb. 18, 1931, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide by hanging
165
84 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Mental Depression
..... (duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

165

(Signed) C C Gibson, M. D.
, 19 (Address) Novelty 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 Harmony Cemetery
DATE OF BURIAL 2-20 1931

20. UNDERTAKER J. W. Hudson
ADDRESS Edina

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.