

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

Do not use this space.

35034

**1. PLACE OF DEATH**

County Spanish Registration District No. 5-48  
Township Liberty Primary Registration District No. 432B  
City Palmira (No. ....) St. .... Ward)

File No. ....  
Registered No. 5-3

**2. FULL NAME**

Henry James Humphrey

(a) Residence, No. Palmira, Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	78	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren County, Iowa

13. NAME James Humphrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Hannah Rodgers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) M. R. Poyner, County Clerk, Palmira, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammel, Mo. DATE Oct. 3, 1931

19. UNDERTAKER (ADDRESS) James O'Donnell, Hammel, Mo.

20. FILED Oct 2, 1931 J. Sauter Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/12/31, 1931

22. I HEREBY CERTIFY that I attended deceased from Sept 25<sup>th</sup> 1931 to Oct 1<sup>st</sup> 1931

I last saw him alive on Oct 1<sup>st</sup> 1931. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Enteritis (acute) Date of onset 9/24/31  
arterio-sclerosis (cerebral)  
77  
120397

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify ..... M. D.  
(Signed) W. C. O'Neil  
(Address) Palmira 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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