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

Do not use this space.

37362

File No. .....

Registered No. 25

1. PLACE OF DEATH
County GASCONADE
Township ROARK
City ..... (No. ..... St. ..... Ward)

Registration District No. 303
Primary Registration District No. 5420

2. FULL NAME CHRISTOPH HUMBURG

(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.

DEC 22 1931

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-22-1843

7. AGE: YEARS 88 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
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) GERMANY

FATHER
13. NAME JACOB HUMBURG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME NEE MEIBERT.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT Christ Humburg Jr.
(ADDRESS) NEW HAVEN MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE FARM DATE NOV. 27-, 1931

19. UNDERTAKER HERMAN BLUMER
(ADDRESS) BERGER MO

20. FILED 11-25-, 1931 Anna R. Rickhoff
Registrar.

MEDICAL CERTIFICATE OF DEATH

2 11AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 24-, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1931, to None 24, 1931
I last saw him alive on None 23, 1931. Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1? Chronic prostatitis	some yrs ago
2?	
3?	
4?	

Other contributory causes of importance: arteriosclerosis

Name of operation None Date of —
What test confirmed diagnosis? physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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 .....
(Signed) John Engelbrecht, M. D.
(Address) Stanyhill, Mo