

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

Do not use this space.

38215

1. PLACE OF DEATH

County Linn Registration District No. 500
Township Jefferson Primary Registration District No. 5665-
City Boonville (No.) St. Ward

File No.
Registered No. 15 St. Ward

2. FULL NAME

Nora A Humphrey
(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>none of</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>J. L. Humphrey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 - 1877</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>3</u>
	DAY <u>5</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>1-7-1931</u>	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boonville Mo</u>
	13. NAME <u>C. A. Reed</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>
	15. MAIDEN NAME <u>Sarah M Anderson</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>

17. INFORMANT J. L. Humphrey
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laclede DATE 11/25/31

19. UNDERTAKER Hunter Pellum
(ADDRESS) Boonville Mo

20. FILED 11-24 1931 J. M. Beane
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Sometime in, 1928, to Nov 23 1931
I last saw her alive on Nov 22, 1931. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
Uterine Sarcoma with invasion of surrounding parts
Date of onset 1928

Other contributory causes of importance: 48 53 E 48

Name of operation none Date of

What test confirmed diagnosis? Physical exam Was there an autopsy? No

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

(Signed) J. M. Beane M. D.
(Address) Summer 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.

REC-3 1931

