

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

Do not use this space.

8958

1. PLACE OF DEATH
 50 County Jefferson Registration District No. 470
 Township Madisonville Primary Registration District No. 5574
 City Demotte (No.) St. Ward)

2. FULL NAME George Johnson 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 yrs. 1 mos. 2/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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 5 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>6</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper 251

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 7/17 11. Total time (years) spent in this occupation 30 days

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Missouri 1

MOTHER FATHER 13. NAME William Humphrey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorktown Indiana 31

MOTHER 15. MAIDEN NAME Agatha Aldridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorktown Indiana

17. INFORMANT (ADDRESS) Mrs. Minnie Humphrey Demotte Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Demotte Methodist Church DATE March 23 1932

19. UNDERTAKER (ADDRESS) Samuel B. Deitch Demotte Mo.

20. FILED 3/23, 1932 B. H. Haughey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932, to March 21 1932
 I last saw him alive on March 20 1932 Death is said to have occurred on the date stated above, at 1:29 p.m.
 The principal cause of death and related causes of importance were as follows:
Metastatic Carcinoma prostate gland
516
 30
 Other contributory causes of importance: Tuberculosis

Date of onset

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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) Walter E. Gibson D., M. D.
 (Address) Demotte Mo.

1957

1957

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jefferson
City Waller

Registration District No. 420
Primary Registration District No. 5574

File No. _____
Registered No. 92

2. FULL NAME

George Johnson 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 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 M
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS)

20. FILED 5710 19 32 B.L. Peery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19 _____

I last saw him alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.

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

Metastatic carcinoma of prostate gland
Primary testis prostate gland
Tuberculous
Tuberculous
Other contributory causes of importance: _____
Date of onset _____

Name of operation 5710 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?

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PROVIDED BY LAW.

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