

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

Do not use this space.

23249

1. PLACE OF DEATH

53

County Laclede

Registration District No. 952

Township Franklin

Primary Registration District No. 51617

City..... (No.....)

File No.....

Registered No.....

St..... Ward.....

2. FULL NAME

(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 (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 10

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) Mont Va. 2

13. NAME Mrs Eads

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

15. MAIDEN NAME Maryette McDowell

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

17. INFORMANT Emma J. Humphreys
(ADDRESS) 214 W. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Dr. - B. B. Co. Date 7-11-32

19. UNDERTAKER Palmers
(ADDRESS) 214 W. Main

20. FILED July 19, 32 Isabelle Lewis
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1932

22. I HEREBY CERTIFY That I attended deceased from 6-28, 1932 to 7-10, 1932

I last saw her alive on 7-10, 1932 Death is said to have occurred on the date stated above, at 12 Noon m.

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

Fatty degeneration of heart
93C 93C
132A

Other contributory causes of importance: Nephritis

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?.....

If so, specify.....

(Signed) J. P. Hendry, M. D.
(Address) Caraway

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.

AUG 3 5 1932

