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

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 10477

Township ..... Primary Registration District No. ..... Registered No. 2286

City ST. LOUIS (No. 2723, Chippewa St. ..... Ward)

2. FULL NAME John P. Humphrey

(a) Residence, No. 2723 Chippewa St., 24 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-7-1876

7. AGE: YEARS 58 | MONTHS 1 | DAYS 25 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint-Mixer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint store
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) Jeffersonville Arkansas

FATHER

13. NAME John Humphrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Lou Humphrey 2723 Chippewa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield Ill DATE 3/13 1934

19. UNDERTAKER (ADDRESS) A. H. McLaughlin 1631 Missouri ave

20. FILED ..... 19 J. F. Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-4-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1934 to Mar 4, 1934

I last saw him alive on Mar 1, 1934 Death is said to have occurred on the date stated above, at 3 30 A.M.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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. [redacted]isease or injury in any way related to occupation of deceased? .....

If [redacted]ify .....

(Signed) Geo. C. Cook M. D.

(Address) 1809 No 9th St.