

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

Do not use this space.

**1. PLACE OF DEATH**

County Polk Registration District No. 89 File No. 19635  
 Township Polk Bluff Primary Registration District No. 3007 Registered No. 119  
 City Polk Bluff (No. ....) St. .... Ward)

**2. FULL NAME**

Wesley Guy Humphreys  
 (a) Residence, No. Waco 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Nina Humphreys</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24 - 1886</u>		
7. AGE	YEARS	MONTHS
<u>48</u>		<u>3</u>
		<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		11. Total time (years) spent in this occupation
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>12 years</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kythava, Kentucky</u>		
13. NAME <u>G. B. Humphreys</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Elvora (unknown)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs. Nina Humphreys</u> (ADDRESS) <u>Waco, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Waco, Mo.</u> DATE <u>6-17-1934</u>		
19. UNDERTAKER <u>Mr. Bill Helton, Casket Co.</u> (ADDRESS) <u>Waco, Mo.</u>		
20. FILED <u>6-18-1934</u> <u>W. S. Bailey</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-13 1934, to 6-15 1934

I last saw him alive on June 15 1934. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Strangulated inguinal hernia Date of onset 6-18-34  
122A  
129  
Peritonitis 6-14-34

Other contributory causes of importance: Peritonitis

Name of operation Herniotomy Date of 6-15-34

What best confirmed diagnosis? apert 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? .....

If so, specify .....

(Signed) Wm. H. Harrison M. D.  
 (Address) Polk Bluff, 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. JUL 12 1934

