

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.

SEP 12 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Water
Do not use this space.
31628

1. PLACE OF DEATH
100 County Scott Registration District No. 821
Township Richland Primary Registration District No. 6070
City (No. _____) St. _____ Ward _____

2. FULL NAME Mary Jo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 7

OCCUPATION
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. child
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) Scott, Mo
Missouri

FATHER
13. NAME Jonas L. Humphrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabethton, Del.

MOTHER
15. MAIDEN NAME Virginia Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sixtenton, Mo

17. INFORMANT J. L. Humphrey
(ADDRESS) 8 Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE maury mo DATE aug 20, 1934

19. UNDERTAKER (ADDRESS) H. J. Givels
Siwanon mo

20. FILED 9/1/34, 19 W. H. Orsutt, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934 to Aug 20, 1934
I last saw him alive on Aug 20, 1934. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:
Atelectasis, Congenital Date of onset _____
10/13

Other contributory causes of importance: 10/13

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. A. Talbot, M. D.
(Address) Siwanon mo

