

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

Do not use this space.

13272

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Primary Registration District No. 2002 File No.
 City Joplin No. 1905 Indiana St. Registered No. (Ward)

2. FULL NAME

Bert Calvin Humphreys
 (a) Residence, No. 1905 Indiana St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 2 19

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

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) 1931 11. Total time (years) spent in this occupation 13 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri

13. NAME Sam C. Humphreys

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

15. MAIDEN NAME Bell De Vore

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

17. INFORMANT Mrs. Emma Humphreys (ADDRESS) Joplin Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Apr. 25 1931

19. UNDERTAKER Ed Clark Undert. Co. (ADDRESS) Galena Kansas

20. FILED 4-26 1931 Ed D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23rd 1931

22. I HEREBY CERTIFY, That I attended deceased from August 30th 1934 to April 23rd 1935. I last saw him alive on April 23rd 1935. Death is said to have occurred on the date stated above, at 11:05 AM. The principal cause of death and related causes of importance were as follows:

Chronic Lead Poison Date of onset 1931

Other contributory causes of importance: 178
Valvular Heart trouble
Chronic Gastritis 142

Name of operation none Date of
 What test confirmed diagnosis? Clinical 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 D. A. Winchester, M. D.
 (Signed) Joplin, Mo. (Address)

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.

MAY 8 1935

1
2
2

