

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

APR 27 1936

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

Do not use this space.

13634

1. PLACE OF DEATH

County Sabine Registration District No. 796
Township Marshall Primary Registration District No. 6039
City Marshall, Mo. (No. R.F.D. #2) St. _____ Ward _____

File No. _____
Registered No. 76

2. FULL NAME

Cinda Rilla Humphrey

(a) Residence, No. R.F.D. #2 St. _____ Ward _____
(Usual place of abode)
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. (Nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 4 18

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

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) Fleming Co. Kentucky

13. NAME W. O'Neal

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

15. MAIDEN NAME Elizabeth Bussess

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

17. INFORMANT (ADDRESS) W. W. Humphrey
Marshall, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge P. Center DATE Mar 22 1936

19. UNDERTAKER (ADDRESS) J. L. Shroyer
Marshall, Mo.

20. FILED Mar. 21 1936 Heley Huston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 1936, to Mar 20 1936

I last saw her alive on Mar 20 1936 Death is said to have occurred on the date stated above, at 2:30 p. m.

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

Cerebral hemorrhage
apoplexy Date of onset 3/19/36

Other contributory causes of importance Chronic arthritis deformans
and 28 yrs ago

Name of operation _____ 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? no
If so, specify _____

(Signed) L. Manning, M. D.
(Address) Marshall, Mo

