

AUG 15 1936

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

Do not use this space.

25483

1. PLACE OF DEATH

County Benton
Township
City Warsaw, Mo

Registration District No. 61
Primary Registration District No. 4036

File No.
Registered No. 35
St. Ward)

2. FULL NAME

(a) Residence, No. George E. Humphrey St. Ward. (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 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 Clara F. Humphrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1860

7. AGE YEARS 75 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. or min.

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

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) County Spry (STATE OR COUNTRY) England

13. NAME Edwin Humphrey

14. BIRTHPLACE (CITY OR TOWN) County Spry (STATE OR COUNTRY) England

15. MAIDEN NAME Jamundra Barlow

16. BIRTHPLACE (CITY OR TOWN) County Hampshire (STATE OR COUNTRY) England

17. INFORMANT Ed. Humphrey (ADDRESS) Warsaw, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Solalia Mo DATE 7/12/36

19. UNDERTAKER E. M. White (ADDRESS) Warsaw, Mo

20. FILED 7/10 1936 Jas. A. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10/36

22. I HEREBY CERTIFY, That I attended deceased from 7-7-36, to 7-10-36, 1936 last saw him alive on 7-10-36, 1936 Death is said

to have occurred on the date stated above, at 10 a. m.

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

Paralysis of bowels
and impaction of bowels Date of onset 7/9/36

Other contributory causes of importance: 122 b

Name of operation Clinical Date of no

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

(Signed) Leedunt M. D.

(Address) Warsaw, Mo

