

AUG 17 1936

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

Do not use this space.

25734

1. PLACE OF DEATH

County Callaway Registration District No. 104  
Township Fulton Primary Registration District No. 3008  
City Fulton (No. 306 W. Sixth)

File No. \_\_\_\_\_  
Registered No. 247 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Kenneth Clark Humphrey  
(a) Residence, No. 306 W. 6th 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. 0 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/24/36</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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 _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1936 to 7/24, 1936  
I last saw him alive on 7/24, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Premature (4 months gestation)  
159  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? no  
If so, specify \_\_\_\_\_  
(Signed) Nancy Dunt, M. D.  
(Address) Fulton, Mo.

12. BIRTHPLACE (CITY OR TOWN) Fulton (STATE OR COUNTRY) Mo.

FATHER

13. NAME W.C. Humphrey

14. BIRTHPLACE (CITY OR TOWN) Clear City (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Mabel Etta Harris

16. BIRTHPLACE (CITY OR TOWN) Butts (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. W.C. Humphrey (ADDRESS) 306 W. 6th, Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ward Bluff, Mo. DATE 7/24 1936

19. UNDERTAKER Provided by Father (ADDRESS) \_\_\_\_\_

20. FILED July 24 1936 R. N. Creese Registrar.

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.

