

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.

AUG 18 1936

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

Do not use this space.

28494

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... (No. **4522 Lindell Blvd.**)

File No. ....  
Registered No. **7259**  
St. .... Ward)

2. FULL NAME **Mary Humfeld**

(a) Residence, No. **1611 Arlington Ave.** St. **6** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **WIDOW**

5A. IF MARRIED, WIDOWED, OR DIVORCED **HUSBAND OF August Humfeld**  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 19, 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**79 5 24**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**  
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) **Indiana**

MOTHER 13. NAME **Patrick Concannon**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Katherine**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Chas. Humfeld WESTMINSTER**  
(ADDRESS) **5045 West**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **July 16**, 19**36**

19. UNDERTAKER **Barrett Nicholas**  
(ADDRESS) **1138 29th St**

20. FILED **JUL 15 1936** **J. Bredeck** Registrar.

JUL 15 1936

*The Physician in Attendance*  
MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13**, 19**36**  
22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at **11:45** m.  
The principal cause of death and related causes of importance were as follows:  
**Excessive Heat**  
Date of onset  
Other contributory causes of importance:  
**Senility**  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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 **Frank P. Furlong** (Signed) **Frank P. Furlong** (Address) **Coronel**

