

SEP 16 1936

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

Do not use this space.

29865

## 1. PLACE OF DEATH

County BooneRegistration District No. 79Township CentraliaPrimary Registration District No. H.O. 41City Centralia (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 982. FULL NAME Mrs Carrie S Humphrey

(a) Residence, No. \_\_\_\_\_

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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF J. F. Humphrey6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14th 1875

## 7. AGE

YEARS 61MONTHS 1DAYS 26

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife9. 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) Perry, Mo

## MOTHER FATHER

13. NAME Thomas Sparrow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Elizabeth Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) James Port Mo17. INFORMANT (ADDRESS) J. F. Humphrey Centralia Mo18. BURIAL, CREMATION, OR REMOVAL Waukegan Mo Cem DATE Aug 12 193619. UNDERTAKER (ADDRESS) W. J. McDonald Centralia Mo20. FILED 8/12 1936 J. V. Jackson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10th 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1923, to Aug 10 1936I last saw her alive on Aug 10 1936. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Lateral Sclerosis Date of onset 1915.Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Frank W. Mendenhall, M. D.(Address) Centralia, Mo

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.

WHILE SERVING WITH ON-BOARDING WORK THIS IS A PERMANENT RECORD

