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

JAN 27 1937

Do not use this space.

47453

1. PLACE OF DEATH
County Vernon — Registration District No. 878 — File No.
Township Drywood — Primary Registration District No. 4531 — Registered No. 14
City Sheldon (No. ..... St. ..... Ward)

2. FULL NAME Comadore Perrey Humphery
(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(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.

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 Vina Humphery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1860

7. AGE 76 YEARS — MONTHS 5 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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

FATHER
13. NAME William Humphry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Tinley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ole

17. INFORMANT (ADDRESS) Tom Humphry Irwin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheldon Mo DATE Dec 4 1936

19. UNDERTAKER (ADDRESS) G B Berry & Son Sheldon Mo

20. FILED Dec. 4, 1936 Kate Wilhite By Carroll T. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3 — 1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to Nov. 20, 1936
I last saw him alive on Aug. 25, 1936. Death is said to have occurred on the date stated above, at 11:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	July 20 '36
Chronic myocarditis	?
Inanition (old age)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) Vern T. Bickel, M. D.
(Address) Lamar, Missouri

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.