

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

Do not use this space.

FEB 18 1937

2259

1. PLACE OF DEATH

66. County Miller Registration District No. 662
Township Richwoods Primary Registration District No. 5757
City Dixon, Mo. R4 (No. 2) St. _____ Ward)

2. FULL NAME

Jay 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 19 - 1936</u>		
7. AGE	YEARS <u>✓</u>	MONTHS <u>✓</u>
	DAYS <u>✓</u>	IF LESS than 1 day, <u>16</u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11 Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Dixon, Mo. R4</u> (STATE OR COUNTRY)		
MOTHER	13. NAME <u>Rockford Humphrey</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Haverock, Mo. R1</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Zella Helton</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) <u>Dixon, Mo. R4</u> (STATE OR COUNTRY)	
	17. INFORMANT <u>Rockford Humphrey</u> (ADDRESS) <u>Dixon, Mo. R4</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Haverock, Mo.</u> DATE <u>12/20 36</u>		
19. UNDERTAKER <u>B. L. Bay</u> (ADDRESS) <u>Dixon, Mo.</u>		
20. FILED <u>Feb. 6 1937</u> <u>Mrs. W. D. Van Grump</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19 - 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1936 to Dec 19, 1936
I last saw her alive on Dec 19, 1936 Death is said to have occurred on the date stated above, at 110 m.
The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

X

Other contributory causes of importance:

X 15

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 X, 1936
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 X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Wm. Gates
(Address) Bristow, Mo.

WRITE PLAIN, 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.

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