

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

15 County Dullman Registration District No. _____
4 Township Bowman Primary Registration District No. 851
1 City Humphreys (No. 2) 4577 Ward _____

File No. 4656
Registered No. _____

2. FULL NAME

Barbara Jean Humphreys

(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 Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gene + Mirl Humphreys

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 1 0

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. _____
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) Dull. Co Mo.

13. NAME Gene R Humphreys

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dull. Co Mo

15. MAIDEN NAME Mirl McClasky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dull. Co Mo

17. INFORMANT (ADDRESS) Gene R Humphreys
Humphreys Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Humphreys Co Country DATE Jan 24 1937

19. UNDERTAKER (ADDRESS) W. Payne & Son
Galt Mo

20. FILED Jan 25 1937 Cordelia Shores
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1937, to 1-24, 1937
I last saw her alive on 1-22, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 1-21-37

Other contributory causes of importance: Roxemia 1-21-37

Name of operation _____ 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) W. C. Weston, M. D.
(Address) Galt, 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.

