

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Oregon Registration District No. 682 File No. 7480
Township Thayer Primary Registration District No. 4382 Registered No. 8
City Thayer (No. _____) St. _____ Ward _____

2. FULL NAME Shakespeare Longfellow Humphrey

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 40.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or WIFE OF) <u>Rita Lockman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-24-1881</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>55</u>	<u>1</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dentist</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-37

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937, to Feb 10-37, 1937

I last saw him alive on Feb 10, 1937 Death is said to have occurred on the date stated above, at 9:45 p. m.

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

Hemorrhage from esophagus Date of onset Feb 10, 37

Other contributory causes of importance:

Unknown cause

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? No Date of injury _____, 1937

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) J. A. Brown, M. D.
(Address) Thayer, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mt. View Ark</u>
	13. NAME <u>J. W. Humphrey</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Thayer Co. Ark</u>
	15. MAIDEN NAME <u>Sally Winston</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Izard Co. Ark</u>
	17. INFORMANT (ADDRESS) <u>Rita Lockman Thayer Mo.</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Thayer Mo.</u> DATE <u>2/12/37</u>
	19. UNDERTAKER (ADDRESS) <u>Geo. Carr, Thayer Mo.</u>
20. FILED <u>2-12</u> 19 <u>37</u> <u>George Johnson</u> Registrar	

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.

