

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis, Mo.*(No. *3416*)*Laclede Ave*File No. *10650*Registered No. *3224*

St. ....

Ward) .....

2. FULL NAME *Fannie Humphrey*(a) Residence, No. *3416 Laclede* St. *18* 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*4. COLOR OR RACE *Cold*5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Oliver Humphrey*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 14, 1887*

7. AGE

YEARS *49*MONTHS *9*DAYS *6*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*

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) *Little Rock Ark.*13. NAME *Nick Polk*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*15. MAIDEN NAME *Ann Western*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Georgia*17. INFORMANT *Ruby Humphrey Harfield*(ADDRESS) *3416 Laclede Ave*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Washington Park*DATE *March 25, 1937*19. UNDERTAKER *A. L. Best and Co.*(ADDRESS) *2726 S. Cass Ave.*20. FILED *24*

MAR 24 1937

19

*J. Bredeck*  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/20*, 19*37*22. I HEREBY CERTIFY, That I attended deceased from *3/17*, 19*37* to *3/20*, 19*37*I last saw h. c. v. alive on *3/20*, 19*37* Death is saidto have occurred on the date stated above, at *6 P. M.*

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

*Acute myocarditis cause unknown*

Date of onset

Other contributory causes of importance: *93a*

Name of operation..... Date of.....

What test confirmed diagnosis? *fluorinated* 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) *V. C. Payne*

, M. D.

(Address) *4. N. Channing*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1-1-37

