

OCT 26 1938

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

33210
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 601EA
 (c) City Farmington (d) Street No. State Hwy No 4 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Tennessee Humphrey 516

(a) Residence, No. // Charleston, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

22. I HEREBY CERTIFY, That I attended deceased from September 21, 1938 to September 26, 1938
 I last saw him alive on September 26, 1938. Death is said to have occurred on the date stated above, at 5:40 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-1866
 7. AGE YEARS 72 MONTHS 6 DAYS 9 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Chronic Heart Disease with marked Hypertrophy and Decompensation
Arteriosclerosis, general, of marked
 Date of onset ?

12. BIRTHPLACE (CITY OR TOWN) Hickman County (STATE OR COUNTRY) Kentucky

Other contributory causes of importance: Aspiration pneumonia, terminal 9/25/38
Psychosis with Cerebral Arteriosclerosis 3 yrs ago

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) Alabama (STATE OR COUNTRY)

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? yes

17. INFORMANT State Hospital #4 Records (ADDRESS) Farmington, Mo.

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)

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital DATE 9-27 1938

Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR (NAME) Richardson's (ADDRESS) Farmington, Mo.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

20. FILED Sept 27, 1938 B. J. Roberson Local Registrar.

(Signed) C. O. Quilt, M. D.
Farmington, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Chas. Richardson*

Licensed Embalmer No. *3167*

P. O. Address *Farmington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.