

DEC 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson County 2 Registration District No. 399  
Township Kansas City Primary Registration District No. 1002  
City Mo. No. 5331 Highland Ave (No. 5331 Highland Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 38126  
Registered No. 4360

2. FULL NAME Humphrey Rose

(a) Residence, No. 5331 Highland Ave Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 7 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No RECORD

7. AGE YEARS 77 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Mo. State

13. NAME John Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No RECORD

15. MAIDEN NAME Mary Handels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No RECORD

17. INFORMANT Sister Leamille (ADDRESS) 5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Nov 8 1938

19. UNDERTAKER Quirey & Tobin Co. (ADDRESS) Mo.

20. FILED Nov 8 1938 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1931, to Nov. 7, 1938

I last saw him alive on Nov. 6, 1938. Death is said to have occurred on the date stated above, at 7 a. m.

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

Chronic myocardiasis  
93C 3 months  
Arteriosclerosis  
10 years

Other contributory causes of importance:  
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, \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify Paul V. Lawrence M. D.  
(Signed) \_\_\_\_\_ (Address) 1402 Bryant St. St. Louis

WRITE PLAINLY, 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.

