

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

Do not use this space.

39904

1. PLACE OF DEATH

County Newton
Township.....
City Granby (No.)

Registration District No. 614
Primary Registration District No. 105-531

File No. 29
Registered No. 31 St. Ward)

2. FULL NAME Adelia Moran Humphries

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, name of HUSBAND OR (OR) WIFE OF Albert W. Humphries

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-2-1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 - 01 13

OCCUPATION 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. Housework
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Scottsville (STATE OR COUNTRY) Penn.

MOTHER 13. NAME Michael Moran

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

15. MAIDEN NAME Elizabeth Helen Moran

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

17. INFORMANT Mrs. Lee Jones (ADDRESS) Granby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby DATE Nov 17 1938

19. UNDERTAKER John Truman (ADDRESS) Granby, Mo.

20. FILED Nov 17, 1938 R. E. Koehn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from on Nov 15, 1938, to 19.....
I last saw her alive on Nov 15, 1938. Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Coronary Occlusion Date of onset 11/12/38

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? No.
If so, specify Charles O. Chester, M. D., (Signed) Granby, Mo. (Address)

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.

1938
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