

1939 JUN 14 1939

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

Do not use this space.

18073

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township Washington

Primary Registration District No. 000

City St. Joseph

(No. 100)

St. *St. Michael's Hospital*

File No.

Registered No. 517

St. Ward

2. FULL NAME

William Tolloson Humphrey

(a) Residence, No. *Clearmont, Mo. 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. 1 mos.

ds. How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

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

married

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

Alma A. Humphrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 28. 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59

3

19

OCCUPATION

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

Hardware Merchant

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)

Clearmont Mo.

FATHER

13. NAME

James Harvey Humphrey?

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

unknown

MOTHER

15. MAIDEN NAME

Minerva Harden

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

Tenn.

17. INFORMANT (ADDRESS)

Mrs Wm. Humphrey Clearmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Clearmont, Mo.* DATE *May 17, 1939*

19. UNDERTAKER (ADDRESS)

Price Funeral Home Clearmont, Mo.

20. FILED

5/17 1939 W. J. Nestleback Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 17, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *April 30, 1937, to May 17, 1939*

I last saw him alive on *May 17, 1939*. Death is said to have occurred on the date stated above, at *2:50 A. M.*

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

Myocardial Insufficiency (Date of onset *1934*)

Other contributory causes of importance:

Nephritis

Name of operation *none*

Date of

What test confirmed diagnosis? *Clinical*. 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) *J. H. Ryan*, M. D.

(Address) *2901. Town Jail St. Joseph, Mo.*

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.

1-X7264

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

Clem M. Price

Licensed Embalmer # 182

Maryville, Mo.