

23 JUN 13 1939

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

Do not use this space.

18219

1. PLACE OF DEATH

County Cullamoy  
Township  
City Mokane (No. 516)

Registration District No. 105  
Primary Registration District No. 4064

File No.  
Registered No. 17 St. Ward

2. FULL NAME

(a) Residence, No. 516 Lucille Humphrey St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 14 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 11 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Invalid

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) Cullamoy Co. Mo.

13. NAME Charles Hainson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cullamoy Co. Mo.

15. MAIDEN NAME Mary Hail

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cullamoy Co. Mo.

17. INFORMANT Paul Humphrey (ADDRESS) Mokane Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mokane Cemetery DATE May 14 1939

19. UNDERTAKER Bevins & Sons (ADDRESS) Bethel Mo.

20. FILED 5/14/39 1939 W. H. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1939

22. I HEREBY CERTIFY That attended deceased from May 1938, to May 12 1939

I last saw h. alive on May 12 1939 Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Pulmonary Tuberculosis Date of onset Jan 1934

Other contributory causes of importance: 23

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

(Signed) W. H. Williamson, M. D.

(Address) Mokane Mo.

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.

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