

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.

DEC 15 1934

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

Do not use this space.

39219

1. PLACE OF DEATH

County Henry  
Township Deepwater  
City Deepwater (No.     )

Registration District No. 3514208  
Primary Registration District No. 5772

File No.       
Registered No. 04  
St.      Ward     

2. FULL NAME Sarah L. Humming

(a) Residence, No.      St.      Ward       
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

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

7. AGE YEARS 83 MONTHS      DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION 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.       
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

MOTHER 13. NAME Henry Humming

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

MOTHER 15. MAIDEN NAME Pauline Wilkerson

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

17. INFORMANT (ADDRESS)     

18. BURIAL, CREMATION, OR REMOVAL PLACE Abraham Valley Bur DATE 11-14

19. UNDERTAKER (ADDRESS)     

20. FILED 1270 1934 J. J. Hummel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1934, to 11-12 1934. I last saw her alive on 11-11 1934. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Broncho pneumonia  
107A  
107A  
Other contributory causes of importance     

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) J. J. Hummel M. D.  
(Address)



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County *Lenny*  
Township  
City

Registration District No. *351*  
Primary Registration District No. *4208*

File No.  
Registered No. *24*  
St. Ward)

2. FULL NAME

*Sarah L. Dunning*

(a) Residence, No. St. Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *W*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 12, 1851*

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

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED *2-10* *1235* *[Signature]*  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 12, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 12, 1934*, to *Nov 12, 1934*, 19.... I last saw him alive on *Nov 12, 1934*, 19.... Death is said to have occurred on the day stated above, at *11:30 a.m.* The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance:

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) *[Signature]*, M. D. (Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 3 0 1955

FEB 12 1955

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