

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

Do not use this space

Dr. Humbard
31224

1. PLACE OF DEATH

County Madaway
Township _____
City Maryville (No. _____)

Registration District No. 625
Primary Registration District No. 3031

File No. _____
Registered No. 69
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary F Stewart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
64 8 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watch maker
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) near Pickering
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm H Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) near Trenton
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Rachel Huggins Wray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Mary F Stewart
(Address) Maryville, Mo

15. Sept 2, 1928 R. P. Tupper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 - 30 19 28

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1926, to Sept 30, 1928 that I last saw him alive on Sept 30, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Diabetes mellitus
59

2335
more than (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) hemoptysis of unknown origin (duration) 1 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death

Did an OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + laboratory
(Signed) Chas. D. Humbard, M.D.

Oct 3, 1928 (Address) Barnard, Missouri

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery DATE OF BURIAL 10 - 2 1928

20. UNDERTAKER Pric Fur Co ADDRESS Maryville, Mo

CT 30 1928
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.

