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.

SEP 26 1933

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

Do not use this space.

26810

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township ~~Joachim~~ — Primary Registration District No. 4249 — Registered No. 77
City Festus (No. , St. Ward)

2. FULL NAME Rhoads Humphry
(a) Residence, No. So Adam 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: School Boy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 9, 1923
7. AGE: YEARS 9 — MONTHS 8 — DAYS — If LESS than 1 day, hrs. or min.

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. —
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): Richmonds Hights Mo

FATHER
13. NAME: Luther Humphry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mayfield Ky.

MOTHER
15. MAIDEN NAME: Eltha Boyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nokoma Ill

17. INFORMANT (ADDRESS): Mrs Eltha Brown
18. BURIAL, CREMATION, OR REMOVAL: PLACE St Louis Mo DATE 9-6, 1933
19. UNDERTAKER (ADDRESS): Dement-Hill Undt. Co. Festus Mo
20. FILED 9-4, 1933 J. E. Rutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 2, 1933
22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Accidental drowning in Plattin Creek near Crystal City Mo. Pumphouse
Date of onset
Other contributory causes of importance: 183
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? Accident Date of injury Aug 2, 1933
Where did injury occur? Crystal City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Plattin Creek Crystal City Mo
Manner of injury
Nature of injury Accidental drowning
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Max H. Dreyer Acting Coroner, ~~M. D.~~
(Address) Main & Church St Festus Mo