

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

Do not use this space.

7414

File No.
Registered No.
St. Ward)

MAR 24 1934

1. PLACE OF DEATH

County ~~Independence~~ *SP. District*
Township *Independence*
City (No.)

Registration District No. *802*
Primary Registration District No. *6047*

2. FULL NAME

(a) Residence, No. 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec-13-1894*
7. AGE YEARS *32* MONTHS *2* DAYS *2* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *housekeeper at home*
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) *Kentucky*

13. NAME *Rogers Humphrey*

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

15. MAIDEN NAME *Katherine Haley*

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

17. INFORMANT *Eliza Stice*
(ADDRESS) *Lawrence Stice*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Wofford Co* DATE *July 18 1934*

19. UNDERTAKER *Wofford Co*
(ADDRESS) *Wofford Co*

20. FILED *July 17 1934*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 15 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 15 1934 to Feb 15 1934*
I last saw her alive on *Feb 15 1934* Death is said to have occurred on the date stated above, at *6 P. M.*
The principal cause of death and related causes of importance were as follows:

11 B
Heart
following
General debility
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? *11 B* 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) *H. E. Lewis*, M. D.
(Address) *Lawrence Stice*

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.

