

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

Do not use this space.

NOV 22 1936

37115

1. PLACE OF DEATH

County Clay Registration District No. 201
Township Liberty Primary Registration District No. 5280
City Liberty (No. _____) St. _____ Ward _____

File No. 110
Registered No. _____

2. FULL NAME

Jennie L. Humphries
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 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) June 15 - 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 9 6

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. for self
10. Date deceased last worked at this occupation (month and year) 1 day 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo.

13. NAME James Paris

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

15. MAIDEN NAME Jennima Casson

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

17. INFORMANT (ADDRESS) Mrs. Cecelia Walker, 115 E. 11th St., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE 10/26/36

19. UNDERTAKER (ADDRESS) Church - Archer Co., Liberty Mo.

20. FILED 10/24/36 E. T. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____ 1934 to _____, 1936

I last saw her alive on Oct 22, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Hypertensive Crisis
Heart failure
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 _____, 1936

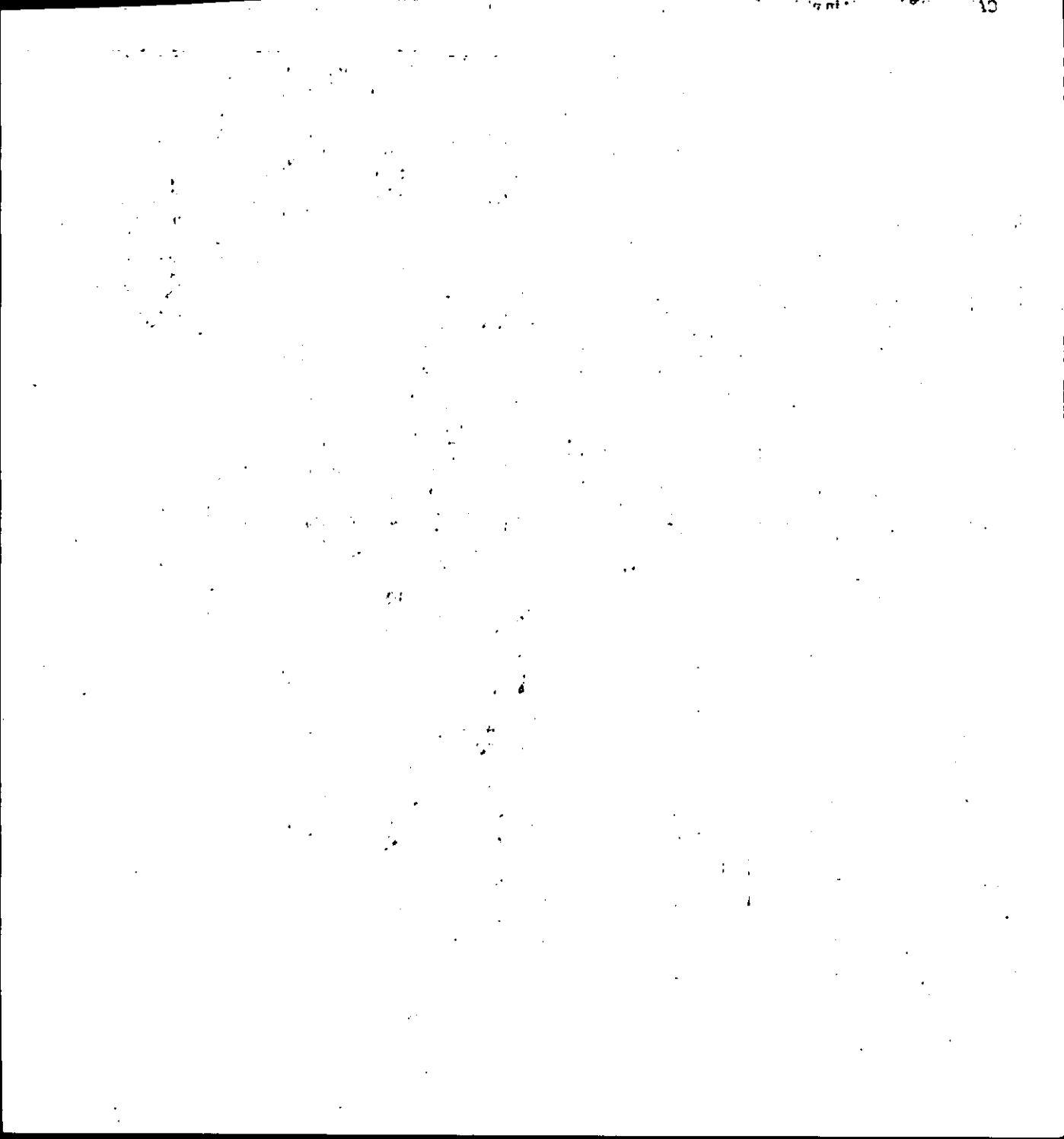
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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. Goodson, M. D.
(Address) Liberty

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms.



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1. PLACE OF DEATH

County Clay

Registration District No. 201

File No. _____

Township Liberty

Primary Registration District No. 3280

Registered No. 110

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Jessie L. Humphries

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

60

9

6

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)

FATHER

13. NAME

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

MOTHER

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 12/19/16 E T Brant Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1916

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw _____ alive on _____, 19__, Death is said to have occurred on the date stated above, at _____ m.

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

Acute Hypertensive (Date of onset _____)

Heart disease was result of acute Arteriosclerosis

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 (accident, suicide, or homicide), 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) Wm H. Gordon, M. D.

(Address) Liberty

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-319118