

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH **33371**

PLACE OF DEATH  
County Scott  
Township Mount Pleasant  
or  
Village  
or  
City

Registration District No. 948

File No. 4-33371

Primary Registration District No. 6058

Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Thomas Pettit Humphrey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE married  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF DEATH Sept 4, 1911  
(Month) (Day) (Year)

DATE OF BIRTH 3 23, 1833  
(Month) (Day) (Year)

AGE 78 yrs. 5 mos. 12 ds. IF LESS than  
1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)

I HEREBY CERTIFY, that I attended deceased from Aug 31, 1911, to Sept 4th, 1911, that I last saw him alive on Sept 4th, 1911, and that death occurred, on the date stated above, at 9 4 m.  
The CAUSE OF DEATH\* was as follows:

13th Arteriosclerosis  
878

BIRTHPLACE  
(City or town, State or foreign country) Washington Ky.

(Duration) 3 yrs. \_\_\_ mos. \_\_\_ ds.

PARENTS  
NAME OF FATHER William Humphrey

Contributory (SECONDARY) Nephritis

BIRTHPLACE OF FATHER  
(City or town, State or foreign country) Washington Ky.

(Duration) \_\_\_ yrs. 12 mos. \_\_\_ ds.

MAIDEN NAME OF MOTHER Eliza Anna Pettit

(Signed) Chas. A. Gibbs M. D.

BIRTHPLACE OF MOTHER  
(City or town, State or foreign country) Leota Va.

(Address) \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

(Informant) E. W. Humphrey

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(ADDRESS) Baring Mo.

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Mc Grady

DATE OF BURIAL Sept 5, 1911

UNDERTAKER W. A. Reedy

ADDRESS Green Springs

Filed 1, 1911

REGISTRAR

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



Exact statement of occupation is very important.

PLACE OF DEATH

County

Scotland

Township

Mount Pleasant

or

Village

or

City

(NO.

St.; Ward)

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33271

Registration District No.

948

File No.

~~33271~~

Primary Registration District No.

6058

Registered No.

4

FULL NAME

Thomas Pettit Humphrey

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR OR RACE

white

SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

married

DATE OF BIRTH

3

23

1833

(Month)

(Day)

(Year)

AGE

78

yrs.

5

mos.

12

ds.

If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Washington Co. Ky.

NAME OF FATHER

William Humphrey

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Washington Co. Ky.

MAIDEN NAME OF MOTHER

Elizabeth Ann Pettit

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Forquie Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. W. Humphrey

(ADDRESS)

Barrig Mo.

Filed

Sept 4, 1911

Chas. A. Gibbs

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Sept. 4

(Month)

(Day)

1911 (Year)

I HEREBY CERTIFY, that I attended deceased from

Sept 31, 1911, to Sept. 4, 1911,

that I last saw him alive on Sept. 4, 1911,

and that death occurred, on the date stated above, at 99 m.

The CAUSE OF DEATH\* was as follows:

Paralysis

central Hemorrhage.

(Duration)

3

yrs.

mos.

ds.

Contributory

(SECONDARY)

nephritis

(Duration)

yrs.

6

mos.

ds.

(Signed)

Chas. A. Gibbs

M. D.

Sept 4, 1911

(Address) Greensburg Mo

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LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death

yrs.

mos.

ds.

In the State

yrs.

mos.

ds.

Where was disease contracted If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Mc Grady

DATE OF BURIAL

Sept. 5, 1911

UNDERTAKER

J. A. Reedy

ADDRESS

Greensburg Mo

Original file, date Sept 4, 1911

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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