

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

Do not use this space.

37219-a

**1. PLACE OF DEATH**

County St. Louis Registration District No. 934  
 Township Union City Registration District No. 6026  
 City St. Louis St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 15

**2. FULL NAME**

(a) Residence. No. Jarvis 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7-18-78

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>52</u>	<u>4</u>	<u>7</u>	<u>11</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) House work  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) St. Francois Co. Missouri

**10. NAME OF FATHER**

Mack Barton

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) St. Francois Co. Missouri

**12. MAIDEN NAME OF MOTHER**

Sherine Mills

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**14. INFORMANT**

(Address) Geo. Humphrey  
Farmington Mo Route 5

**15. FILED**

12-14-30 Wm A Kotte  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1930, to Nov 28, 1930, that I last saw her alive on Nov 18, 1930, and that death occurred, on the date stated above, at 6:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Entire body (skin see) body was burned

**CONTRIBUTORY (SECONDARY)**

See report on back of Certificate  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

Same

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) R. Osphery, M. D.

Nov 14, 1930 (Address) Farmington Mo

\*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**

Three Rivers-Cemetery

**DATE OF BURIAL**

Nov. 20 1930

**20. UNDERTAKER**

Alvin W. Hood

**ADDRESS**

Bonn Terre Mo

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.

NOV 22 1931

This lady was joining  
some line camps in  
which I am at present  
burning entire skin

Her eyes were not damaged -  
She remained unconscious for 3 hrs.  
Was able to converse with friends and

neighbors.

The frame burned, she was able to get out  
from where she fell, after some days -  
attached her and she brought them off for one  
half hour: before help arrived -

Rappahannock, Va.

and all our

at home -

very fine to his  
to creep -