CERTIFICATION OF VITAL RECORD

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

HEALTH DEPT. D.C.
PERMIT OFFICE
PERMIT NO.

CERTIFICATE OF DEATH

CLASS NO. 82-4

1934 FEB 16 AM 10 02

DISTRICT OF COLUMBIA

No. OF RECORD 1657201

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE

1. PLACE OF DEATH:
No. 2400 16 Street, N.W. Section.
Name of hospital ... Duration of residence therein ...
2. FULL NAME William E Humphrey
(a) Residence, No. 2400-16th St. N.W. Street
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in D. of C., ... 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Jackson
6. DATE OF BIRTH (month, day, and year) 3-31-1862
7. AGE: Years 71 | Months | Days | If LESS than 1 day ... hrs. or ... min.
8. OCCUPATION OF DECEASED:
(a) Trade, profession, or particular kind of work: Ret.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Alamo
(State or country) Ind.
PARENTS
10. NAME OF FATHER (in full) Francis M. Humphrey
11. BIRTHPLACE OF FATHER: City or town ... State or country North Carolina
12. MAIDEN NAME OF MOTHER (in full) Nancy A. Wirt
13. BIRTHPLACE OF MOTHER: City or town ... State or country Unknown
14. Above information furnished by Mrs W. E. Humphrey
Address 2400-16th
15. Relation of informant to decedent Widow

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Feb. 14th, 1934
17. I HEREBY CERTIFY, that I attended deceased from Oct-27, 1928, to February 14th, 1934
that I last saw him alive on February 14, 1934
and that death occurred, on the date stated above, at 8.35 P. m.
The CAUSE OF DEATH* was as follows:
(Cerebral Hemorrhage)
(duration) ... yrs. ... mos. One day
CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) 10 yrs. — mos. — ds.
18. Where was disease contracted if not at place of death? X
Did an operation precede death? No Date of operation ...
Was there an autopsy? No
What laboratory test confirmed diagnosis? None
(Signed) A. Camp Stanley, M. D.
(Address) 108 The Farragut apts.
* 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. (See reverse side for additional space.)
19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cedar Hill DATE 2-17 1934
20. UNDERTAKER Jos. Gawler's Sons
Address 1756 Pa. Ave. N.W.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form 7 H. D. C. 1474

CD420450

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Vital Records Division, Department of Health, District of Columbia.

DATE ISSUED NOVEMBER 03, 2017

Terra J. Abrams, MBA
State Registrar

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE