APR 22 1927

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

Do not use this space.
Dr Gillham
4316

1. PLACE OF DEATH Cole
County ..... Registration District No. 213-
Township ..... Primary Registration District No. 3014-
City Jefferson (No. ..... St. ..... Ward)

File No. .....
Registered No. 54-

2. FULL NAME Martha Elizabeth Lumpkin
(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
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Micah S Lumpkin
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug-15-1850
7. AGE: Years 76 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ″
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cole Co Mo

PARENTS
10. NAME OF FATHER: Simeon Bond
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cole Co Mo
12. MAIDEN NAME OF MOTHER: Martha Farmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cole Co Mo

14. INFORMANT: W M Lumpkin
(Address) Jefferson City Mo

15. FILED 2/26/1927 O. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 24 1927
17. I HEREBY CERTIFY, That I attended deceased from 2-20, 1927, to 2-24, 1927 that I last saw alive on 2-24, 1927, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
1013
(duration) 2 yrs. 6 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? -
DID AN OPERATION PRECEDE DEATH? No Date of -
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? -
(Signed) D V Gillham, M. D
2/28-, 1927. (Address) Jefferson City, 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: Spring Garden | DATE OF BURIAL: 2/26/27
20. UNDERTAKER: Walter Wymore | ADDRESS: Jefferson 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.