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

Do not use this space.

18359

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2462
Township Kaw — Primary Registration District No. 1002 — Registered No. 2462
City KC Mo. (No. Research Hosp. St. 3 Ward)

2. FULL NAME Alvis Kump. Kump
(a) Residence. No. 4135 Agnes 16 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: 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: Mae Kump.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 26 - 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
38	2	1920	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Printer
(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): Northfield Minn.

PARENTS
10. NAME OF FATHER: Michael Kump.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria
12. MAIDEN NAME OF MOTHER: Dora Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Minn.

14. INFORMANT: Mae Kump.
(Address) 4135 Agnes

15. FILED 6/17, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 15 1927

17. I HEREBY CERTIFY, that I attended deceased from ....., 19..., to ....., 19..., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental - Crushed Chest and Abdomen Auto Traumatism
2104 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): In North K.C. Mo. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1880

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Chas. Nelson, M. D.
6-15, 1927 (Address) Deputy Coroner

*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: Mt Moriah Cemetery — DATE OF BURIAL: 6/18/1927

20. UNDERTAKER: The Freeman Mortuary 3146 Main St. — ADDRESS: KC 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.

JUN 1 6 1999