Aug 18 1927

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

Do not use this space.

22208

1. PLACE OF DEATH
County: Polk
Township: Greene
City: (No. St. Ward)
Registration District No.: 708
Primary Registration District No.: 5937
File No.:
Registered No.: 31

2. FULL NAME: John Henry Jump
(a) Residence. (Usual place of abode) No. St., Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 66 yrs. 6 mos. 4 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: Not known
6. DATE OF BIRTH (MONTH, DAY AND YEAR):
7. AGE: Years 66 | Months 6 | Days 4 | If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Farming
(c) Name of employer: Self
9. BIRTHPLACE (CITY OR TOWN): Sentinell
(STATE OR COUNTRY): Polk Co. Mo.

PARENTS
10. NAME OF FATHER: John Jump
11. BIRTHPLACE OF FATHER (CITY OR TOWN): X
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Sarah Jummalt.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): X
(STATE OR COUNTRY): Mo

14. INFORMANT: J. W. Bentzow
(Address): Sentinell Mo
15. FILED 7-8, 1927 Willis Rush
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-12th 1927
17. I HEREBY CERTIFY, That I attended deceased from 7-7-27, 19..., to 7-11-, 1927, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 11-45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis
326
(duration) ... yrs. ... mos. 10 ds.
CONTRIBUTORY (SECONDARY) Inflamation of bladder from (Gravel) (duration) 2 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Polk Co.
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF One Year
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No test made
(Signed) Dr. M. E. Guthrie D.O.
, 19 (Address) Bolivar 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: Payne Cemt
DATE OF BURIAL: July 13 1927
20. UNDERTAKER: Hutchison Bros
ADDRESS: Bolivar

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.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

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

1. PLACE OF DEATH.
County: Polk — Registration District No.: 708 — File No.:
Township: Greene — Primary Registration District No.: 3-937 — Registered No.: 3-
City: (No. , St. Ward)

2. FULL NAME: John Henry Jump
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1862

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Ken
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: John Jump
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED , 19 — J. W. Moore — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 12 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 above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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: Pane cemetery — DATE OF BURIAL: June 1927
20. UNDERTAKER — ADDRESS

SUPPLEMENTARY