MAR 16 1928

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

Do not use this space.

4107

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85 — File No.
Township: — Primary Registration District No. 1001 — Registered No. 204
City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME: Francis M. Gummerson
(a) Residence. No. 2709 Patee St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 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: Paul C. Gummerson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug, 27, 1869

7. AGE: Years 58 — Months 5 — Days 29 — If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(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): Watertown, N.Y.

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

14. INFORMANT (Address): Paul C. Gummerson, 2709 Patee St.

15. FILED: FEB 20 1928 — John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb, 16, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1928 to Feb 16, 1928 that I last saw her alive on Feb 16, 1928, and that death occurred, on the date stated above, at 5.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
107A
114B
102
1000
(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY): Pulmonary Hemorrhage
Hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. A. Mendell, M.D.
2/17/, 1928 (Address) P+S Bldg

*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: Berkshire, New York.
DATE OF BURIAL: Feb, 21, 1928

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.