

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

Do not use this space.

9263

1. PLACE OF DEATH

County Jackson Registration District No. 299 File No. _____
 Township Franklin Primary Registration District No. 1092 Registered (No. 443)
 City St. Louis (No. Old City Hospital) St. _____ Ward _____

2. FULL NAME

William Cumbly
 (a) Residence, No. 1723 Brooklyn St. Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. 1 mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>Colored</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Della Cumbly</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 31/1880</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
<u>47</u>	<u>3</u>	<u>23</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Food Carrier</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Lawson's Construct. Co.</u>					
(c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) <u>Dallas, Texas</u> (STATE OR COUNTRY)					
10. NAME OF FATHER <u>William Cumbly</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)					
12. MAIDEN NAME OF MOTHER <u>Unknown</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)					
14. INFORMANT <u>Della Cumbly</u> (Address) <u>1723 Brooklyn</u>					
15. FILED <u>3/20 28</u> <u>M.M. Crowe</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-27-1928, to 3-26-1928,
 that I last saw him alive on 3-27-1928, and that death occurred, on the date stated above, at 11 P.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
13 1/2
Chronic Interstitial Nephritis
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 12 1/2
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 1723 Brooklyn

DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Urinal & histology
3/27 (Signed) J. M. Smith, M.D.
Super, 1928 (Address) Old City Hosp. K.C.M.O.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill **DATE OF BURIAL** March 31, 1928

20. UNDERTAKER Adkins Bros. **ADDRESS** 3127 June

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

