

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

4 1928

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

Do not use this space.

1. PLACE OF DEATH

County Lewis  
Township .....  
City Canon (No. ....)

Registration District No. 477  
Primary Registration District No. 4286

File No. 24330  
Registered No. 32  
St. .... Ward

2. FULL NAME

Wilhelmina Eliza Bumpback  
(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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 or (OR) WIFE of Wm Bumpback

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 0 16

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) Canon  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm Bumpback

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Casper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Wm Bumpback  
(Address) Canon Mo

15. FILED July 13 1928 Wm Harris  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1928

17. I HEREBY CERTIFY That I attended deceased from June 28, 1928, to July 12, 1928, that I last saw him alive on July 12, 1928, and that death occurred, on the date stated above, at 7:15 P. m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
82 P  
820 (duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) Paralysis  
(duration) yrs. mos. 1 ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS.  
(Signed) Wm Harris, M. D.  
, 19 (Address) Canon 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 Trust Good Land DATE OF BURIAL July 15 1928

20. UNDERTAKER Carl H. Buckley ADDRESS Canon Mo

