

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

Do not use this space.

**1. PLACE OF DEATH**

Township Jaeger

City Cartersville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 407

Primary Registration District No. 4241

File No. 18489

Registered No. \_\_\_\_\_

**2. FULL NAME** Mrs. Eliza J. Dumbauld

(a) Residence. No. 203 W. Main 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 -

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Widowed

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

April 7 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

79

1

20

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)

Mathiasburg

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

A. J. Walker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Tenn.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Eliza Buford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

14.

INFORMANT

Mrs Newkirk

(Address)

Cartersville Mo.

15.

FILED

5-28, 19

\_\_\_\_\_

O. L. Gray

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27, 19 29

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

Jan, 1929, to 27, 1929

that I last saw her alive on 5/27, 1929 and that death occurred, on the date stated above, at H.O. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma Stomach

468

(duration) 4 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no

DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

5 (Signed) B. D. Dumbauld, M. D.

29, 1929 (Address) Webb City 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

DATE OF BURIAL

Mount Hope Cem

5/29 19 29

20. UNDERTAKER

ADDRESS

Webb City Ind. Co

Webb City

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.

MARGIN RESERVED FOR BINDING

V. NO. 2.

JUN 26 1929

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