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

85

Do not use this space.

20742

JUL 23 1929

1. PLACE OF DEATH
County Buchanan Registration District No. 1001 File No. 742
Township Primary Registration District No. Registered No.
City St. Joseph, Mo. (No. 2332 South 11th St. Ward)

2. FULL NAME Richard Wesley Cerump

(a) Residence. No. 2332 So. 11th 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 3, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	3	28	

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) Carlisle
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER George F. Cerump
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mary Roden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT Fleeman Funeral Home
(Address) St Joseph Mo

15. FILED 6/14, 19 29 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 28th, 1929, to June 11th, 1929, that I last saw him alive on June 11th, 1929, and that death occurred, on the date stated above, at 12:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pulmonary and Intestinal Influenza VIA
VIA
VIA
(duration) yrs. 2 mos. 14 ds.
CONTRIBUTORY Neuritis in Both
(SECONDARY) arms & Left Leg (duration) yrs. 2 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED At Place of Death
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? General Symptoms

(Signed) J. C. Ruhl, M. D
, 19 (Address) St Joseph 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: Carlisle Virginia — DATE OF BURIAL: June 14 1929

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis