

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

Do not use this space.

21831

1. PLACE OF DEATH

County Jasper
Township Salona
City Joplin

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 262
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 1015 W 2nd. 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.

Ella Lumpkins

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee Lumpkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 28 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>52</u>	<u>6</u>	<u>16</u>	

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)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER L.B. Hammond

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

12. MOTHER'S NAME (Maiden name) Elizabeth Davis

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

14. INFORMANT Lee Lumpkins
(Address) Joplin Mo

15. FILED 6-17-29 Abraham Clark - M.M. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-13-29, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1929 to 6-13-29, 1929 that I last saw her alive on 6-13-29, 1929, and that death occurred, on the date stated above, at 6-12 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis
71A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank Brown, M. D.
, 19 (Address) Joplin 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

Fairview Cem.

DATE OF BURIAL

6-15-29

20. UNDERTAKER

Hurlbut and Co

ADDRESS

Joplin Mo

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.

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