

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

Do not use this space.

5645

PLACE OF DEATH
County Macomb Registration District No. 530
Township Eastley Primary Registration District No. 5708
City Effington (No.) St. Ward)
2. FULL NAME Rumanda Stuber
(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 10 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundring
(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) Missouri

10. NAME OF FATHER John Marks

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Beppie Farr
(Address) Youngstown, Mo.

15. FILED Feb 19 1930 Blount Co. Patner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1930, to 2-1, 1930.
That I last saw him alive on 2-30, 1930, and that death occurred, on the date stated above, at 2-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(Oral) Pneumonia
108 108 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ✓

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. P. Proctor, M. D.

, 19 (Address) La. Moore, 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

Youngstown Feb 4 1930
20. UNDERTAKER Chas. H. McCall ADDRESS South Effington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

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