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

Do not use this space.

13239

MAY 28 1930

1. PLACE OF DEATH

County Livingston — Registration District No. 508 — File No.

Township — Primary Registration District No. 3026 — Registered No. 164

City Chillicothe (No. ..... St. ..... Ward)

2. FULL NAME Mrs Elizabeth Mumpower

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	0	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(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) Livingston

PARENTS
10. NAME OF FATHER John A. Fields
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Missouri Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

14. INFORMANT William Mumpower
(Address) Chillicothe Mo.

15. FILED 4/12 1930 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/11 1930

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1930, to April 11, 1930, that I last saw her alive on April 11, 1930 and that death occurred, on the date stated above, at 10 00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. D. Brennan, M. D.
4/14, 1930 (Address) Chillicothe 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~~ Edgewood Cemetery — DATE OF BURIAL 4/13 1930

20. UNDERTAKER R. M. Marshall — ADDRESS Chillicothe Mo.

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.

V. S. ... ARGUS RESERVED FOR BINDING