

AUG 20 1930

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

Do not use this space.

22006

1. PLACE OF DEATH

County Rushaway

Registration District No. 85

Township Joseph

Primary Registration District No. 1001

City Joseph

(No. no med Hospital)

File No. 835

Registered No. 835

St. _____ Ward _____

2. FULL NAME

(a) Residence No. Mary Winifred Shumann St. _____ Ward _____

(Usual place of abode)

Holdridge Nebr

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 1 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)

Single

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

Single

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

Mar 27-1916

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

14

3

23

8. OCCUPATION OF DECEASED

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

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

School -

(c) Name of employer

at Home

9. BIRTHPLACE (CITY OR TOWN)

Wound City

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

John H. Shumann

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Wound City

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Margaret Mack

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Wound City

(STATE OR COUNTRY)

Missouri

14. INFORMANT

John H. Shumann

(Address)

Holdridge, Nebr.

15. FILED

1930

John G. [Signature]

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

July 19 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 18, 1930, to July 19, 1930, that I last saw him alive on July 19, 1930 and that death occurred, on the date stated above, at 12:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis Suppurative

CONTRIBUTORY (SECONDARY)

Peritonitis

(duration) _____ yrs. _____ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 18/30

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) [Signature] M. D.

7/19, 1930 (Address) 7th Bldg St. Joseph

*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

Holdridge Nebr.

DATE OF BURIAL

7-21-30

20. UNDERTAKER

Fleemantment Home 1946 Patton

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.

