

NOV 24 1930

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

Do not use this space.
29767

1. PLACE OF DEATH

County Howell
Township West Pleasant
City West Pleasant Mo.

Registration District No. 3821
Primary Registration District No. 4227

File No. 87A
Registered No. _____
St. _____ Ward)

2. FULL NAME

Joseph Richard Pumphrey

(a) Residence No. _____ St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 | 2 | 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ozark Co
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Pumphrey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dand no
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER " "

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

14. INFORMANT Otto Pumphrey
(Address) Wichita Kans

15. FILED 9-17-30 O.P. Heinrich
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1930, to Sept 12, 1930 that I last saw h. live on Sept 12, 1930, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

169- Senility
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senile Dementia
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH. No. DATE OF _____
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Symptoms
(Signed) P.A. Sparks M. D.

9-17-30 (Address) West Pleasant 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 Oak Lawn Cem DATE OF BURIAL Sept 14 1930

20. UNDERTAKER W.C. Torrance ADDRESS West Pleasant Mo

WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. 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.

