MAR 23 1931

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

Do not use this space.

4798

1. PLACE OF DEATH
County: Cape Girardeau
Registration District No.: 125
Township:
Primary Registration District No.: 2009
City: (No. St. Ward) St Cast Mo Hospital
File No.:
Registered No.: 609

2. FULL NAME: Bernice Ruth Lumaw

(a) Residence. No. 31 N. Hanover 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 20 - 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	9	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(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): Cape Girardeau Mo.

PARENTS
10. NAME OF FATHER: Mr A J Lumaw
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scott County
12. MAIDEN NAME OF MOTHER: Catherine Rogers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo

14. INFORMANT: Mr A J Lumaw
(Address): 31 N Hanover

15. FILED 7/21 1931 W C Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1931, to Feb 20, 1931, that I last saw h[illegible] alive on Feb 20, 1931, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
114
107A (duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY): Regurgitation
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. F. Cogswell, M. D.
, 19 (Address) Cape Girardeau 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: Farmer Cemetery
DATE OF BURIAL: Feb 22 1931

20. UNDERTAKER: Brentop Howell
ADDRESS: 136 Broadway Cape Girardeau Mo.

CAUSE OF DEATH is very important. Exact statement of OCCUPATION is very important. Omission of any of these items, or any inaccuracy in them, may be properly classified.