

MAR 24 1931

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

Do not use this space.

5046

1. PLACE OF DEATH

County De Kalb
Township Washington
City Stewartsville (No. _____)

Registration District No. 261
Primary Registration District No. 4160

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Granville Lumm

(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 62 yrs. 11 mos. 17 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 1856</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>4</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer 1</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1930</u>	
11. Total time (years) spent in this occupation <u>62</u>		
12. BIRTHPLACE (CITY OR TOWN) <u>New Lexington</u> (STATE OR COUNTRY) <u>Ohio</u>		
MOTHER FATHER	13. NAME <u>M. H. Lumm</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Louden County</u> (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Angeline Glenn</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Columbian County</u> (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>W. Walter</u> (ADDRESS) <u>Stewartsville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stewartsville</u> DATE <u>Feb 19</u> 19 <u>31</u>		
19. UNDERTAKER <u>F. G. Lumm</u> (ADDRESS) <u>Stewartsville Mo</u>		
20. FILED <u>Feb 19</u> 19 <u>31</u> <u>R. G. Saunders</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1930 to July 17 1931

I last saw him alive on July 17 1931 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:
Cardiac Dropsy
95 B

Date of onset 1930

Other contributory causes of importance:
95 B

Name of operation X Date of ?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X 1931
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X

(Signed) F. G. Lumm M. D.
(Address) Stewartsville Mo

WHITE PLAIN, WITH UNFADING INK THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

