

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

Do not use this space.

17219

1. PLACE OF DEATH

County Buchanan
Township St. Joseph,
City St. Joseph, (No. 2913 Francis)

Registration District No. 1001

Primary Registration District No. 2913 Francis

File No. _____
Registered No. 567
St. _____ Ward _____

2. FULL NAME

Martin Lewis Mumford,

(a) Residence No. 2913 Francis St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 0 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Loans & Insurance
(b) General nature of industry, business, or establishment in which employed (or employer) Agent,
(c) Name of employer Mumford & Hanna Inv. Co.

9. BIRTHPLACE (CITY OR TOWN) Pawnee City,
(STATE OR COUNTRY) Nebraska,

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Melissa Huntley,

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

14. INFORMANT Mrs. M. L. Mumford
(Address) 2913 Francis Street.

15. MAY 27 1931 John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26, 1931

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to May 26, 1931
that I last saw h. w. w. alive on May 26, 1931, and that death occurred, on the date stated above, at 12:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Jigunum
Secondary Carcinoma
Liver (duration) 8 yrs. 0 mos. 0 da.
4/6
CONTRIBUTORY (SECONDARY) Liver (duration) 4 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Yes DATE OF May 11/31

DID AN OPERATION PRECEDE DEATH? No DATE OF May 11/31

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation findings
(Signed) Clarence A. Reed, M. D.

*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 St. Jo. Memorial park Cem. DATE OF BURIAL May 28, 1931

20. UNDERTAKER Heaton, Bethe & Bowman ADDRESS 319 S. 10 St.

Funeral Home

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.

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