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

Do not use this space.

32043

File No. .....

Registered No. 98

1. PLACE OF DEATH

County: Pemiscot

Township: Hayti

City: Hayti (No. ..... St. ..... Ward)

Registration District No. 65-3

Primary Registration District No. 4-390

2. FULL NAME: Ples G. Mumford.

(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 24 1931

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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: Bettie B. Mumford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 19 1874

7. AGE: Years 56 | Months 10 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hardin Co Ky

FATHER

13. NAME: Ross Mumford.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Bettie Frasier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Bettie B. Mumford. Hayti Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Cornithusville DATE: Sept 12, 1931

19. UNDERTAKER (ADDRESS): Hugh G. Horne Hayti Mo

20. FILED: 9-12-1931 J. W. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 11th 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1930 to Sept. 1931

I last saw him alive on Sept. 10, 1931. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	9/1/30
Interstitial from	
Chronic alcoholism	
Other contributory causes of importance:	
Congestive Chill	9/10/31

Name of operation: ..... Date of .....

What test confirmed diagnosis? Clinical Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) James F. Vickery, M. D.

(Address) Braggadocio Mo.