

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

Do not use this space.

38632

1. PLACE OF DEATH

County Pulaski
Township Liberty
City Richland (No. _____)

Registration District No. 712
Primary Registration District No. 5941

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Stummer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1873

7. AGE YEARS 58 MONTHS 0 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 8-1-31 11. Total time (years) spent in this occupation. all of life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambden Co. Mo

FATHER 13. NAME Calvin Sellers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Mary A. Anthony

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Blanche Stummer (ADDRESS) Richland Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oldham DATE 11-17-31

19. UNDERTAKER W. B. Jewell (ADDRESS) Richland Mo

20. FILED Nov. 5 - 1931 Overt A. Oliver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5 1931

22. I HEREBY CERTIFY, That I attended deceased from Jun 28 1928 to Nov 5 1931

Last saw him/her alive on Nov 5 1931. Death is said

to have occurred on the date stated above, at 6 P m.

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

Diabetic Coma Date of onset 11-2-1931

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Other contributory causes of importance: Diabetes 1928

Name of operation None Date of _____

What test confirmed diagnosis Labatory 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) Overt A. Oliver M. D.

(Address) Richland Mo.

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.

REC 23 1931

