

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

Do not use this space.

9639

1. PLACE OF DEATH *Polk*  
 County ..... Registration District No. *701*  
 Township *Bolivar* ..... Primary Registration District No. *4022*  
 City *Bolivar* (No. ....) St. .... Ward)  
 2. FULL NAME *Mary A Jump*  
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. ....  
 Registered No. *70110*  
 St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Infant</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar-23-32</i>		
7. AGE	YEARS	MONTHS
		DAYS
		1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bolivar Mo</i>		
13. NAME <i>Alfred Jump</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bolivar Mo</i>		
15. MAIDEN NAME <i>Hutchinson</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bolivar Mo</i>		
17. INFORMANT (ADDRESS) <i>Alfred Jump</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Greenwood</i> DATE <i>Mar 24 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Hutchinson Blue</i>		
20. FILED <i>Mar 24 1932</i> <i>J. Robert</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 23 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 23 1932* to *Mar 23 1932*

I last saw her alive on *Mar 23 1932* Death is said to have occurred on the date stated above, at *9:30 a.m.*

The principal cause of death and related causes of importance were as follows:  
*Premature Birth*  
*Six months gestation*  
*159*

Other contributory causes of importance:  
*159*

Name of operation ..... Date of .....  
 (What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify *P. E. Hammock* M. D.  
 (Signed) *P. E. Hammock* M. D.  
 (Address) *10 Bolivar Mo*

Date of onset

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

APR 28 1932

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