

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

Do not use this space.

11242

1. PLACE OF DEATH

County Greene Scott
Township Hades
City Farmfelt Mo (No. 3)

Registration District No. 1151
Primary Registration District No. 4588

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

2. FULL NAME

Robert W Cuomer
(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 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
	<u>W</u>	<u>Married</u>

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>6</u>	<u>12</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 45F
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) 31

PARENTS	10. NAME OF FATHER <u>James Cuomer</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Coffey</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Elmer Cuomer
(Address) Farmfelt mo

15. FILED July 19 1932 9911 Cony REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1932

17. I HEREBY CERTIFY, That I attended deceased from March 9 1932 to March 12 1932 that I last saw him alive on March 12 1932 and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma at the head of the pancreas

CONTRIBUTORY (SECONDARY) Cardiac failure (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known (duration) yrs. mos. ds.
IF NOT AT PLACE OF DEATH Cardiac, Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Suprarenal pneumonia preparation and auscultation from chest
(Signed) Fred W. Martin, D.O., M.D.

, 19 _____ (Address) I/I 11242

*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 <u>Perkins Mo</u>	DATE OF BURIAL <u>March 19 1932</u>
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20. UNDERTAKER L A Burnside - Farmfelt Mo
ADDRESS _____

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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