

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

Do not use this space.

22208

File No. \_\_\_\_\_  
Registered No. 5-2 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

17 County Sarroll Registration District No. 135-  
Township Sarrollton Primary Registration District No. 5788  
City Sarrollton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Thomas Allen Dumble  
(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 \* m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 1 13  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Safayette, Co.!

FATHER 13. NAME James Arthur Dumble

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sarroll Co.

MOTHER 15. MAIDEN NAME Royie Hostetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Safayette Co.

17. INFORMANT (ADDRESS) James Arthur Dumble

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Me DATE 7-14 1932

19. UNDERTAKER (ADDRESS) Standleyton Mo

20. FILED 7-13 1932 Mrs. E. E. Fankam Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13 1932  
22. I HEREBY CERTIFY, That I attended deceased from July 13 1932 to July 13 1932  
I last saw him alive on July 13 1932. Death is said to have occurred on the date stated above, at 8:40 PM  
The principal cause of death and related causes of importance were as follows:

Diabetic Coma Date of onset \_\_\_\_\_  
Acute Bright's Disease  
Other contributory causes of importance \_\_\_\_\_

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 \_\_\_\_\_  
(Signed) A. F. Cook Mel, M. D.  
(Address) Carrollton 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. AUG 22 1932

