

WHITE 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.

SEP 22 1932

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

Do not use this space.

25892

1. PLACE OF DEATH

37 County Gasconade
Township Barren
City Barren (No. 1)

Registration District No. 306
Primary Registration District No. 5H22

File No. 25892
Registered No. 25892
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 1 Ward 1
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Bumpass
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1849
8. AGE YEARS 81 MONTHS 11 DAYS 20
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 years
10. Date deceased last worked at this occupation (month and year) 1917
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) Cooper Hill
(STATE OR COUNTRY) Missouri

13. NAME Ulysses Bumpass

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

15. MAIDEN NAME Betty Ames

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

17. INFORMANT Frank Bumpass
(ADDRESS) Roseland Mo

18. BURIAL, CREMATION, OR REMOVAL Betty Bumpass
DATE Aug 21, 1932

19. UNDERTAKER Spencer L. Liles
(ADDRESS) Betty Bumpass

20. FILED 8-29-32 W. P. Fitzgerald
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20, 1932
22. I HEREBY CERTIFY, That I attended deceased from August 10, 1932, to August 20, 1932
I last saw him alive on August 19, 1932 Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

Dysentery
Old age
Other contributory causes of importance: 13C
162 130
Date of onset 1

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) W. P. Fitzgerald, M. D.
(Address) Geckel, Mo.

