MAR 24 1933

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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 518 North 6th. St. Ward)

File No. 4784
Registered No. 178

2. FULL NAME Walter Ernest Hume,
(a) Residence, No. 518 North 6th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Matt Hume,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 9, 1863
7. AGE: YEARS 70 — MONTHS 0 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Men's Furnishings,
10. Date deceased last worked at this occupation (month and year): February 1933
11. Total time (years) spent in this occupation: 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

FATHER
13. NAME: Newton L. Hume,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

MOTHER
15. MAIDEN NAME: Ella Hyatt,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky,

17. INFORMANT (ADDRESS): Mrs. R. J. Stevenson, 140 Park Lane
18. BURIAL, CREMATION, OR REMOVAL—PLACE: Monroe City, Mo. DATE: Feb. 15th, 1933
19. UNDERTAKER (ADDRESS): Heaton-BeGole & Bowman, 319 So. 10th. St. Funeral Home
20. FILED: FEB 13 1933 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby. 13th, 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to Feb 13, 1933
I last saw him alive Dead when I arrived, 1933 Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:
Valvular Heart disease — Date of onset: Feb 10/33
92 A
[signature]
Other contributory causes of importance:
Name of operation — Date of
What test confirmed diagnosis? History — 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) O. G. Weed, M. D.
(Address) 408 Corby Bld St Joseph Mo