

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

Do not use this space.

1. PLACE OF DEATH

County W. Bates Registration District No. 901
 Township W. R. Queen Primary Registration District No. 6210
 City (No. _____) St. _____ Ward _____

File No. 12189
 Registered No. 4

2. FULL NAME Mary E. Bumgarner

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. M. Bumgarner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1891
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 17
 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) W. Va.

13. NAME Alex Crawley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT E. M. Bumgarner
 (ADDRESS) Marshallfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE March 4, 1933

19. UNDERTAKER P. J. Graham
 (ADDRESS) Marshallfield, Mo.

20. FILED 3-31 1933 Belle Atkins
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2 day, 1933, to March 2 day, 1933. I last saw her alive on March 2, 1933. 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:

Cholecystitis, acute
Cholelithiasis
Hypostatic pneumonia
Intestinal occlusion

Other contributory causes of importance:

Name of operation No Date of _____

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? _____ 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) C. R. Macdonnell, M. D.
Marshallfield, Mo. (Address)

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 very important.

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1933

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