

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

Do not use this space.

1. PLACE OF DEATH

44 County Holt
3 Township Forest city
City Forest city (No. _____)

Registration District No. 370
Primary Registration District No. 4216

File No. 16375
Registered No. 4 (Ward)

62. FULL NAME May Elizabeth Dumm

(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 12 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph William Dumm
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1864
7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
68 11 10

OCCUPATION
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. same
10. Date deceased last worked at this occupation (month and year) Dec 1932
11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME J. W. Klemm

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

MOTHER
15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) John Dumm Forest city mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon mo DATE May 5 1933

19. UNDERTAKER (ADDRESS) Walter Pettibone Oregon mo

20. FILED May 5 1933 F. E. Bullock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1933

22. I HEREBY CERTIFY, That I attended deceased from On April 21- 1933, to _____, 19____

I last saw her alive on April 21- 1933. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus.

about 3 years

48 48

Other contributory causes of importance _____

Name of operation Radium treatment Date of _____
What test confirmed diagnosis? lab 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) F. E. Bullock, M. D.
(Address) Forest city 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.

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAY 22 1933

