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.

MAR 24 1934

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

Do not use this space.

File No. 4702

Registered No. 3

1. PLACE OF DEATH
County: Holt
Township: ~~Hanson~~
City: Craig, Mo. (No. ..... St. ..... Ward)

Registration District No. 3 C 9
Primary Registration District No. 4215

2. FULL NAME: Miles LeRoy Dumby

(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. 11 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: Mrs Mollie (Shumley) Dumby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 16 - 1849

7. AGE: Years 84 | Months 5 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Plainfield, Wis.

FATHER

13. NAME: W. W. Dumby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bangor, Me.

MOTHER

15. MAIDEN NAME: Maud Bentley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wis

17. INFORMANT (ADDRESS): Wm Dumby, Craig, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Parrish Cemetery DATE: Feb. 4, 1934

19. UNDERTAKER (ADDRESS): H H Schooler, Fairfax Mo.

20. FILED: Feb-4-, 1934 J. M. Davis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1933, to Feb 2, 1934, I last saw he alive on Nov 14, 1933. Death is said to have occurred on the date stated above, at 11 a m.

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

	Date of onset
Chronic Prostatitis	
131 Nephritis	last Mos
930 "	

Other contributory causes of importance: Chronic Myocarditis — last Mos

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... 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) H. E. Thomas, M. D.
(Address) Craig Mo