

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.

JAN 7 1935

1. PLACE OF DEATH

County Lewis Registration District No. 483
Township Lyon Primary Registration District No. 5647
City (No.) St. Ward

File No. 43553
Registered No. 4

2. FULL NAME

John Calman Bumbarger
(a) Residence No. St. Ward. (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 Male 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 Nellie Correll Bumbarger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 29

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) Coxington Kentucky

MOTHER FATHER 13. NAME William H. Bumbarger

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Correll Bumbarger Canton mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Northville Mo. DATE Dec. 4 1934

19. UNDERTAKER (ADDRESS) Carl H. Buckley Canton mo.

20. FILED Dec 18 1934 mos. D. B. Speer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1933, to Dec 1 1934
I last saw him alive on Dec 1 1934. Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency
Myocardial infarction
Arteriosclerosis
Other contributory causes of importance:
Arteriosclerosis
Date of onset Aug 14 33

Name of operation Date of
What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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?
If so, specify
(Signed) A. H. ... M.D.
(Address) Canton mo.

