

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

MAY 31 1935

Do not use this space.

9855

1. PLACE OF DEATH

County Marion
Township Labeaux
City Payson (No.)

Registration District No. 548
Primary Registration District No. 5740.3

File No.
Registered No. 18 St. Ward)

2. FULL NAME

Glen Eldon Brumbaugh

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18-34</u>		
7. AGE	YEARS	MONTHS
		<u>11</u>
		DAYS
		<u>6</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Taylor Mo.</u>		
FATHER	13. NAME <u>S. N. Brumbaugh</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canton Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Marchie Thrasher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewistown Mo.</u>	
17. INFORMANT <u>Marchie Brumbaugh</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lewistown Mo.</u> DATE <u>March 26, 1935</u>		
19. UNDERTAKER <u>G. H. Chambers</u> (ADDRESS) <u>Maywood, Mo.</u>		
20. FILED <u>Mar. 30-1935</u> <u>Bertude New</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1935, to Mar 24, 1935
I last saw him alive on Mar 24, 1935 Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset

Other contributory causes of importance: 1070

Name of operation Date of

What test confirmed diagnosis? 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, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

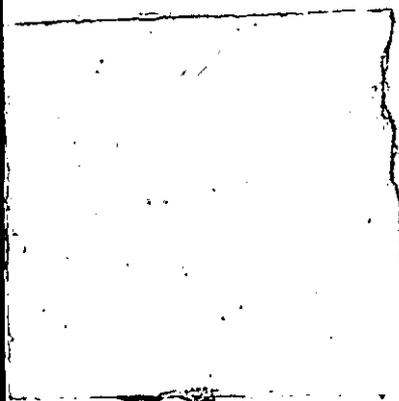
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) W. H. McKey M. D.
(Address) Knox 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.



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