

JUN 13 1935

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

Do not use this space.

309

16428

1. PLACE OF DEATH

County Jackson
Township Wood
City N. C. Mo.

Registration District No. 2002
Primary Registration District No. 2002

File No. 1530
Registered No. 1530 Ward

2. FULL NAME

Harold B. Bumgarner
(a) Residence, No. 2214 East 38th, 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

MEDICAL CERTIFICATE OF DEATH

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 Marie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-4-1908

7. AGE YEARS 26 MONTHS 6 DAYS 0 IF LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Columbia Elect. Co.

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) Missouri

13. NAME Fred Bumgarner

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

15. MAIDEN NAME Martha Biggs

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

17. INFORMANT Marie Bumgarner (ADDRESS) 3744 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 5-7-35

19. UNDERTAKER Mrs. C. L. Forester (ADDRESS) 918 Brooklyn, av.

20. FILED 5-7-35 1935 J. M. M. Crowe, asst. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-4-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-3 1935, to 4 1935

I last saw him alive on 5-4 1935 Death is said

to have occurred on the date stated above, at 2:10 P.M.

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

Thyrotosis Date of onset

Other contributory causes of importance: enlarged thyroid gland

Name of operation Thyroidectomy Date of 5-4-35

What test confirmed diagnosis? clinical path Was there an autopsy? yes

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) J. P. Campbell M. D.

(Address) Kenosha 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.

Angela Blatz
vic 3345-4
2-4-30

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]