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.

JAN 26 1933

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

Do not use this space.

39458

File No. 1533

Registered No.

1. PLACE OF DEATH
County Jackson — Registration District No. 395
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 1018 Askew St. Ward)

2. FULL NAME Joseph Stumpf
(a) Residence, No. 1018 Askew 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: 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: No record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10, 1858

7. AGE: Years 77 — Months 5 — Days 21 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
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): New Jersey

FATHER
13. NAME: John Stumpf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mrs O'Leary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Carl Burton, 1018 Askew

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington Cem DATE Dec. 3, 1935

19. UNDERTAKER (ADDRESS): Shire & McClure, 3235 Troost Ave

20. FILED 12/2, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1935, to Dec 1, 1935
I last saw him alive on Nov. 30, 1935. Death is said to have occurred on the date stated above, at A. m. 7:10
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Chronic)	

Other contributory causes of importance:
Coronary Sclerosis
Pulmonary Fibrosis
Carcinoma of Stomach

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) H. P. Boughton, M. D.
(Address) 1032 Rialto Bldg.
R. P. Wo