CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 21 1936

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

Do not use this space.

34143

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 773
City Springfield (No. Burge Hospital St. Ward)

2. FULL NAME Orin Lee Bumgarner
(a) Residence, No. St., Ward. Northview, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) Infant -
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1936
7. AGE — YEARS 0 — MONTHS 0 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Northview, Missouri

FATHER
13. NAME Otis O. Bumgarner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County Missouri

MOTHER
15. MAIDEN NAME Nola Lutitia Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County Missouri

17. INFORMANT (ADDRESS) Physicians Record. Dr. C. R. Macdonnell, Marshfield
18. BURIAL, CREMATION, OR REMOVAL PLACE Northview Welch Cem DATE Sept. 8 1936
19. UNDERTAKER (ADDRESS) Anna Young Northview Mo
20. FILED 9-9- 1936 Dr Chas A George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Birth - 8/16/ 1936, to Sept. 7, 1936
I last saw him alive on Sept. 7, 1936. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
163. - Lack of Care Death resulted from malnutrition due to well-meaning but mistaken feeding methods	8/16/36
Other contributory causes of importance: Extreme hot weather and bad housing conditions	8/16/36

Name of operation No — Date of —
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) C. R. Macdonnell, M. D.
(Address) Marshfield, Mo.