

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

Do not use this space.

36459

OCT 21 1936

**1. PLACE OF DEATH**

County... Vernon  
Township... Osage  
City... (No. ....) St. .... Ward)

Registration District No. 87/1  
Primary Registration District No. 6/13-3

File No. ....  
Registered No. 13

**2. FULL NAME**

Leona Jummeron

(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 Female 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 Wm Jummeron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 - 1894

|        |           |          |          |  |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, .... hrs. or .... min. |
|        | <u>41</u> | <u>9</u> | <u>2</u> |  |

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

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... 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

13. NAME Wm H. Carrington

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

15. MAIDEN NAME Fannie A. Smith

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

17. INFORMANT Wm Jummeron (ADDRESS) Walter Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Park DATE Sept 4 1936

19. UNDERTAKER Allen V. Hays (ADDRESS) Newton Ill

20. FILED Sept. 11 1936 C. H. Musser, M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1936, to Sept 1 1936. First saw her alive on Sept 1 1936. Death is said to have occurred on the date stated above, at 2:30 pm.

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

Purpural Septicemia

Other contributory causes of importance: Abortion (not criminal)

Name of operation ..... 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) A. B. Davis, M. D. (Address) Walter Ill

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-3-22-35

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.

