

DEC 18 1936

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

Do not use this space.

40264

1. PLACE OF DEATH

County AtchinsonRegistration District No. 32Township LincolnPrimary Registration District No. 4016City Atchinson (No.) St. Ward

File No.

Registered No. 92. FULL NAME Theodore Mumford.

(a) Residence, No. St. Ward

Length of residence in city or town where death occurred 1 yrs. 8 mos. 18 ds. (If nonresident, give city or town and State) 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) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. E. Mumford6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 5th, 18617. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 5 208. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) 1-2-36 11. Total time (years) spent in this occupation 4512. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa13. NAME Josiah Mumford14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland15. MAIDEN NAME Lydia Malone16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Mrs. Dave Alexander
(ADDRESS) Westboro Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Center Grove DATE Nov, 27th 19 3619. UNDERTAKER Scott M. ...
(ADDRESS) Westboro Missouri20. FILED 11-25 19 36

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 193622. I HEREBY CERTIFY that I attended deceased from Dec 24, 1936, to Dec 31, 1936I last saw him alive on Dec 24, 1936. Death is said to have occurred on the date stated above, at 10 a m.

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

Green necrosis Date of onset 11-25-36

Other contributory causes of importance:

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? Y18

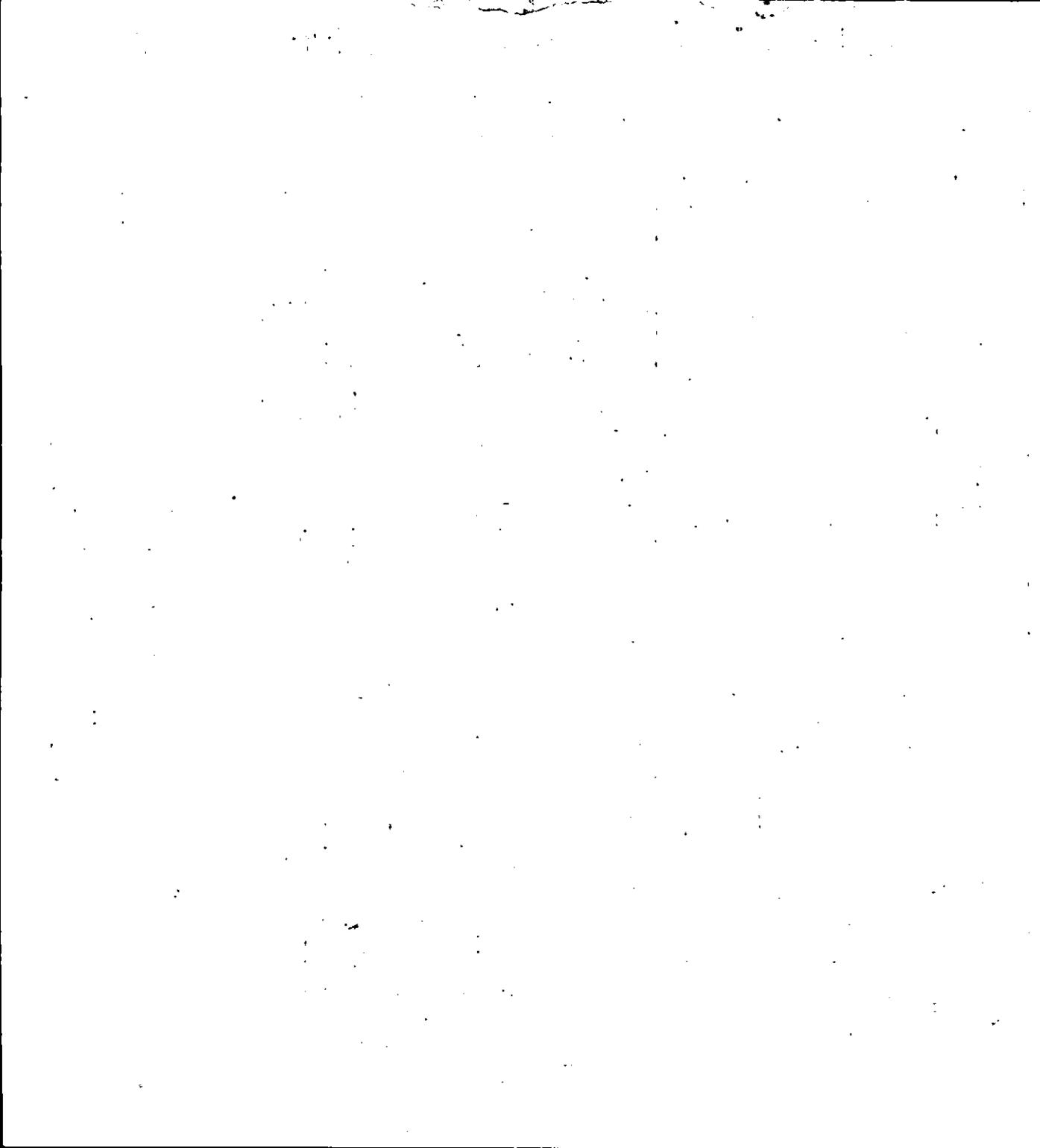
If so, specify

(Signed) Scott M. ...(Address) Westboro Missouri

M. D.

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.



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1. PLACE OF DEATH

County Richmond
Township North
City North (No.)

Registration District No. 22
Primary Registration District No. 4616

File No.
Registered No. 9
St. Ward)

2. FULL NAME

Theodore Mumford

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 51 20

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 11-25, 1936 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset

Bronchopneumonia

Other contributory causes of importance:

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) G. H. East M. D.
(Address) North

SUPPLEMENT

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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