

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township East
City North (No. _____)

Registration District No. 138
Primary Registration District No. 4082

File No. 40623
Registered No. 35

2. FULL NAME

Emma Lumming
(a) Residence, No. St. Elizabeth Kansas 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 John P. Lumming Decedent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 12

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

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) Oct 1 - 1924 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Iowa

13. NAME Alnah Viles

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

15. MAIDEN NAME Charlitta Cattle Viles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

17. INFORMANT Mary Dorman (ADDRESS) Norborne, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elizabeth Kansas DATE Nov 20 1936

19. UNDERTAKER John G. Ditch (ADDRESS) North Mo.

20. FILED Nov 14 1936 B. P. Cole M. D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-9-, 1936 to 11-18-, 1936

I last saw her alive on 11-18-, 1936 Death is said to have occurred on the date stated above, at 5-30 P. M.

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

Chronic Bright's Disease
Terminal Regurgitations

Date of onset None

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis B. P. Cole 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) B. P. Cole, M. D.

(Address) Norborne Mo.

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

