

DEC 3 1936

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

Do not use this space.

791

43192

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No. 1003
City St Louis mo (No. St Louis City Map # 2) St. Ward)

2. FULL NAME

Harold L. Bumpkin
(a) Residence, No. 4406 Garfield St., 11 Ward. (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-20-1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
29 2 5

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. plaster
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) Monroe Georgia

13. NAME Tom Bumpkin

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

15. MAIDEN NAME Delia Barrett

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

17. INFORMANT (ADDRESS) Tom Bumpkin

18. BURIAL, CREMATION OR REMOVAL PLACE Washington Park DATE 11-29-1936

19. UNDERTAKER (ADDRESS) Englert Mnd. Co.

2931 Locust Ave.

20. F. J. Bredeck Registrar.

NOV 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 2:25 p.m.

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

Haemorrhage due to stab wound in left side of neck, lacerating left jugular vein (external) knife.

Other contributory causes of importance:

Homicide

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11/26, 1936

Where did injury occur? St. Louis mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Stab wound with knife

Nature of injury stab wound with jugular vein

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Deasey, M.D.

(Address) W. H. Deasey

W. H. Deasey

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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.

