

MAN 3 8 1937

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

Do not use this space.

49438

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. St. Joseph's Hospital)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 1563
St. Ward

2. FULL NAME

Infant Dumm

(a) Residence, No. 2727 So. 19th. St. 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 Male 4. COLOR OR RACE White 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) Dec. 22, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
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) St. Joseph, (STATE OR COUNTRY) Mo.

FATHER 13. NAME Pearl Dumm

14. BIRTHPLACE (CITY OR TOWN) Gallatin, (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Agnes Curtis

16. BIRTHPLACE (CITY OR TOWN) Gallatin, (STATE OR COUNTRY) Mo.

17. INFORMANT Pearl Dumm (ADDRESS) 2727 So. 19th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery, DATE Dec. 23, 1936,

19. UNDERTAKER Walter M. Meinholt (ADDRESS) 1302 Farrow St., St. Joseph, Mo.

20. FILED 22 1936 W. H. Nettles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1936 . 19

22. I HEREBY CERTIFY, That I attended deceased from at birth to , 19 .

I last saw him alive at St. Joseph, 19 . Death is said to have occurred on the date stated above, at 10.00 A.M.

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

Cranio rachis chisis
Cranio rachis chisis

Date of onset

Other contributory causes of importance:

Name of operation Autop Date of
What test confirmed diagnosis? Autop 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) Walter T. Stacy, M.D., M. D.
(Address) Kirkpatrick Bldg., St. Joseph, Mo.

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.



