

FEB 5 1937

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

Do not use this space.

131

1. PLACE OF DEATH

County Benton

Township

City Cole Camp

(No.)

Registration District No. 59Primary Registration District No. 4034

File No.

Registered No. 1

St. Ward)

2. FULL NAME Mrs Emma Francis Lumpee

(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) WIDOW5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Lumpee6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-1-18597. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 78. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Boylers Mills
(STATE OR COUNTRY) Mo13. NAME Vordaman Calfee14. BIRTHPLACE (CITY OR TOWN) Boylers Mills
(STATE OR COUNTRY) Mo15. MAIDEN NAME Sarah Rogers16. BIRTHPLACE (CITY OR TOWN) Tennasee
(STATE OR COUNTRY)17. INFORMANT Mrs William Heerman
(ADDRESS) Cole Camp Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cem. DATE 1-10-193719. UNDERTAKER E. L. Eickhoff
(ADDRESS) Cole Camp Mo20. FILED 1-9-1937 Sue Schauer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-1937, 1922. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1936, to Jan 8, 1937I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 12:00 Noon m.

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

gall. bladder In-
fection Date of onset

Other contributory causes of importance

Name of operation gall-stone & gall-bladder Date of 1-2-19-36
What test confirmed diagnosis Surgery Was there an autopsy? No23. 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) Harry Bay, M. D.(Address) Cole Camp, Mo.

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.

