

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Charles*
Township *St. Charles*
City *St. Charles* (No. *1034*)

Registration District No. *757*
Primary Registration District No. *3036*
Washington

File No. *7864*
Registered No. *39*
St. _____ Ward _____

2. FULL NAME

Wallace Eugene Hume
(a) Residence, No. *1034 Washington* 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. *2* mos. *13* ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Caucas* 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. 13, 1936*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 13

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) *St. Charles Mo.*
(STATE OR COUNTRY)

13. NAME *Arnold Hume*

14. BIRTHPLACE (CITY OR TOWN) *St. Charles Mo.*
(STATE OR COUNTRY)

15. MAIDEN NAME *Beulah Barry*

16. BIRTHPLACE (CITY OR TOWN) *Washington Mo.*
(STATE OR COUNTRY)

17. INFORMANT *Beulah Hume*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dick Grove cemetery* DATE *Feb 28, 1937*

19. UNDERTAKER *Hackmann-Bauer*
(ADDRESS)

20. FILED *2/27*, 19*37* *Clarence B. Humber*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 26, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 2, 1937 to Feb 26, 1937*

I last saw him alive on *Feb 26, 1937*. Death is said to have occurred on the date stated above, at *29 m.*

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

Bronchopneumonia
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

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) *Dr. M. H. ...* M. D.

(Address) *200 E. ...*

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

107a

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No., St. Ward)

Registration District No. 757
Primary Registration District No. 303 B

File No. 7864
Registered No.

2. FULL NAME

Wallace Eugene Hunn

(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 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)

7. AGE	YEARS	MONTHS	DAYS	If LESS than day, hrs. or min.
		<u>2</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as spliner, 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 5/1/37 19. Bloune P. Messer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1937

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

Was last seen 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:

Bronch pneumonia Date of onset

no complications

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) W. H. Tyler , M. D.

(Address) St. Charles Mo

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

SUPPLEMENT

MAY 1 1937

1070

5-7864