

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 86File No. 11313Township WashingtonPrimary Registration District No. 5127Registered No. 24City St. Joseph, Mo. (N. Pittipers Addition)

St. _____ Ward _____

2. FULL NAME Edna Murl Rumsey(a) Residence, No. Pittipers Addition St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bert Rumsey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 1, 1891</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>7</u>	DAYS <u>26</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Mar. 1937</u>	
11. Total time (years) spent in this occupation? _____		
12. BIRTHPLACE (CITY OR TOWN) <u>York</u> (STATE OR COUNTRY) <u>Nebraska</u>		
FATHER	13. NAME <u>James Alex Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Vandalia</u> (STATE OR COUNTRY) <u>Illinois</u>	
	15. MAIDEN NAME <u>Mary Susan Davis</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Illinois</u>	
	17. INFORMANT <u>Mrs. J. E. Bokay</u> (ADDRESS) <u>R. F. D. #7 Dt. Joseph, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>Mt. Mora Cemetery</u> PLACE <u>St. Joseph, Mo.</u> DATE <u>March 29, 1937</u>		
19. UNDERTAKER <u>H. O. Sidenfaden and Son</u> (ADDRESS) <u>1802 Union Str. St. Joseph, Mo.</u>		
20. FILED <u>Mar. 29, 1937</u> <u>B. H. Tadlock</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 193722. I HEREBY CERTIFY, That I viewed deceased from March 27th, 1937 to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at About 4 or 5 PM

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

Cerebral Apoplexy

Date of onset

3/27/37Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis History 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? No

If so, specify _____

(Signed) B. W. Tadlock Coron. D.(Address) St. Joseph, Mo.

WHITE 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.

