

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

Do not use this space.

JUN 23 1937

20564

1. PLACE OF DEATH

County Lincoln
Township Millwood
City (No.)

Registration District No. H-90
Primary Registration District No. 56572

File No. 20564
Registered No. 7
St. Ward

2. FULL NAME Louis Kumbra

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 - 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 15 - 1937, to May 24 - 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1860

I last saw him alive on May 24, 1937. Death is said to have occurred on the date stated above, at 2 P. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 10 26

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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

Angina Pectoris with Coronary Thrombosis.
Artero-sclerosis
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

Other contributory causes of importance:

13. NAME Joseph Kumbra

Name of operation Date of

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Joe Kumbra (ADDRESS) Silex Mo.

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL Burial PLACE Millwood, Mo. DATE 5/26/1937

Nature of injury

19. UNDERTAKER W. R. Vomund (ADDRESS) Silex Mo.

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

20. FILED 5-25-37 O. H. Dameron Registrar

If so, specify (Signed) O. H. Dameron, M. D. (Address) Silex Mo.

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

