

JUL 31 1937

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

Do not use this space.

24520

1. PLACE OF DEATH

County Pemiscot
Township Coates, Mo
City Coates, Mo (No. _____ St. _____ Ward _____)

Registration District No. 656
Primary Registration District No. 2873

File No. _____
Registered No. _____

2. FULL NAME Mary D. Rummage

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Coates mo

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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (try the word) <u>un</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-29-1937</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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) (STATE OR COUNTRY) Coates mo.

13. NAME C. N. Rummage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bella Tenn

15. MAIDEN NAME Bessie Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Tenn

17. INFORMANT C. N. Rummage (ADDRESS) Coates, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE No 8 Lane DATE 5-12-1937

19. UNDERTAKER Herman Under Co (ADDRESS) St. Louis, Mo.

20. FILED 7-10-1937 Tom Buganer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-1937

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

I last saw h. _____ 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:

Found dead in bed
cause of death unknown
No attending physician

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) Tom Buganer, Registrar (Address) _____

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.

