

NOV 23 1937

LOCAL REGISTRAR'S REPORT - DO NOT TEAR LEAF OUT

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

Do not use this space.

38559

1. PLACE OF DEATH

County Putnam
Township York
City Powersville, Mo. (No.)

Registration District No. 724
Primary Registration District No. 5955

File No.
Registered No.
St. Ward

2. FULL NAME Oscar Hume,

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Hume

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 14

8. Trade, profession, or particular kind of work done, as spring sawyer, bookkeeper, etc. Farmer & Carpenter
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) Putnam Co., Mo. (STATE OR COUNTRY)

13. NAME William Hume

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

15. MAIDEN NAME George Ann Kirk

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

17. INFORMANT Hollis Hume (ADDRESS) Lucerne, Mo.

18. BURIAL, CREMATION, OR REMOVAL Powersville Cem DATE Nov. 2, 1937

19. UNDERTAKER Beary-Statton Co., (ADDRESS) Powersville, Mo.

20. FILED Nov 8 1937 Mrs. D.W. Pollock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Oct 30, 1937
I last saw him alive on Oct 30, 1937. Death is said to have occurred on the date stated above, at 6 P. M.

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

Cerebral Hemorrhage

Other contributory causes of importance:

Hypertension

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) L. W. McDonald M. D. O.
(Address) Powersville

