

NOV 16 1937

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

41037
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014
(c) City Jefferson (d) Street No. St. Marys Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 0 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William A. Lumpkin

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Vesta Lumpkin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-17-1868
7. AGE YEARS 69 MONTHS 3 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. II
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Spring Garden, Missouri (STATE OR COUNTRY)

13. NAME U.S. Lumpkin

14. BIRTHPLACE (CITY OR TOWN) Miller County, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Bond

16. BIRTHPLACE (CITY OR TOWN) Miller County, Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Vesta Lumpkin (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Garden, Mo. DATE NOV 15 1937

19. FUNERAL DIRECTOR Thos. J. Gordon (ADDRESS) Jefferson City, Mo.

20. FILED 11/18/37 1937 A. W. H. of Ford W. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-1937
22. I HEREBY CERTIFY, That I attended deceased from 10-21-1937, to 11-18-1937
I last saw him alive on 11-18-1937. Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 1936

Other contributory causes of importance: 4/0
Name of operation Resection of stomach Date of 9-20-37
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) D. W. Williams, M. D.
(Address) Jefferson City, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Thorpe J. Gordon Licensed Embalmer No. 1786

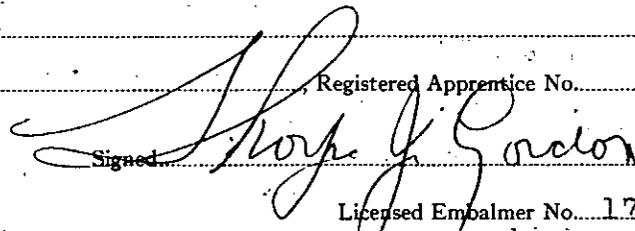
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Allen Gordon

L. E. 2296

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 1786

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)