

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

Do not use this space.

3302  
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**1. PLACE OF DEATH**

County Lewis  
 Township LaBelle  
 City (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

Registration District No. 481  
 Primary Registration District No. 5643B

File No. \_\_\_\_\_  
 Registered No. 2

**2. FULL NAME**

William G. Brumbaugh 651

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| 3. SEX<br><b>Male</b> | 4. COLOR OR RACE<br><b>White</b> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><b>Married</b> |
|-----------------------|----------------------------------|---|

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1853

|           |          |           |           |  |
|-----------|----------|-----------|-----------|--|
| 7. AGE    | YEARS    | MONTHS    | DAYS      | IF LESS THAN 1 day, _____ hrs. or _____ min. |
| <b>84</b> | <b>1</b> | <b>11</b> | <b>11</b> |  |

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

12. BIRTHPLACE (CITY OR TOWN) Lewis County  
 (STATE OR COUNTRY) Missouri

13. NAME George Brumbaugh

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

15. MAIDEN NAME Wilson

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

17. INFORMANT Roy L Brumbaugh  
 (ADDRESS) Lewistown, Missouri

18. BURIAL, CREMATION, OR REMOVAL Midway Cem., Lewis Co. Mo. DATE Feb. 4, 1938

19. UNDERTAKER James A Coder  
 (ADDRESS) Lewistown, Missouri

20. FILED Feb. 3, 1938 James A Coder  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1937 to Feb 3 1938

I last saw him alive on Feb 1, 1938 Death is said to have occurred on the date stated above, at 2.00 a.m.

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

Tuberculosis Date of onset 1937

Other contributory causes of importance: Insanity 23 24

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? No

If so, specify \_\_\_\_\_

(Signed) Harry L. McEachern  
 (Address) Lewistown, Mo.

23

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3302

Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 481  
(b) Township Labelle Primary Registration District No. 3643B  
(c) City ..... (d) Street No. .... Registered No. 4  
(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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William G. Brumbaugh

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 1 11

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

9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1938

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....

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

Tuberculosis of both lungs. Date of onset 2 yrs.

Other contributory causes of importance: 23

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) H. L. McCracken, M. D.

(Address) Lewistown Mo

1938  
S-3362