

REC'D APR 15 1938

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

Do not use this space.

10031

1. PLACE OF DEATH

County BarryRegistration District No. 30

File No.

Township MonettPrimary Registration District No. 3003Registered No. 17City Monett (No.) St. Ward)2. FULL NAME Peter Paul Gumbria 516

(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. ds.

yrs.

mos.

ds.

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

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

Anna Gumbria

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

June 29, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59822

OCCUPATION

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

Rail Road

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

work

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)

Austria 7

MOTHER FATHER

13. NAME

Peter Gumbria 7

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

Austria 7

15. MAIDEN NAME

Unknown 7

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

Austria 7

17. INFORMANT (ADDRESS)

James H. Hufmaster Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Site DATE Mar. 23, 1938

19. UNDERTAKER (ADDRESS)

Blauenships Monett - Barry20. FILED 3-22 1938W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 193822. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1938, to 3-21-, 1938I last saw him alive on 3-17-, 1938. Death is saidto have occurred on the date stated above, at 5:30 a.m.

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

Myocardial disease

Date of onset

93 A1

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? No.

If so, specify.....

(Signed) W. M. West, M. D.(Address) Monett Mo.

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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.

