

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

Do not use this space.

REC'D JUN 17 1938

1. PLACE OF DEATH  
 County Canal Registration District No. 137 File No. 17958  
 Township Hale Primary Registration District No. 4077 Registered No. 7  
 City St. Louis (No. 510) St. 510 Ward

2. FULL NAME Samuel Oumbo

(a) Residence, No. 510 St. 510 Ward. (If nonresident, give city or town and State)  
 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**

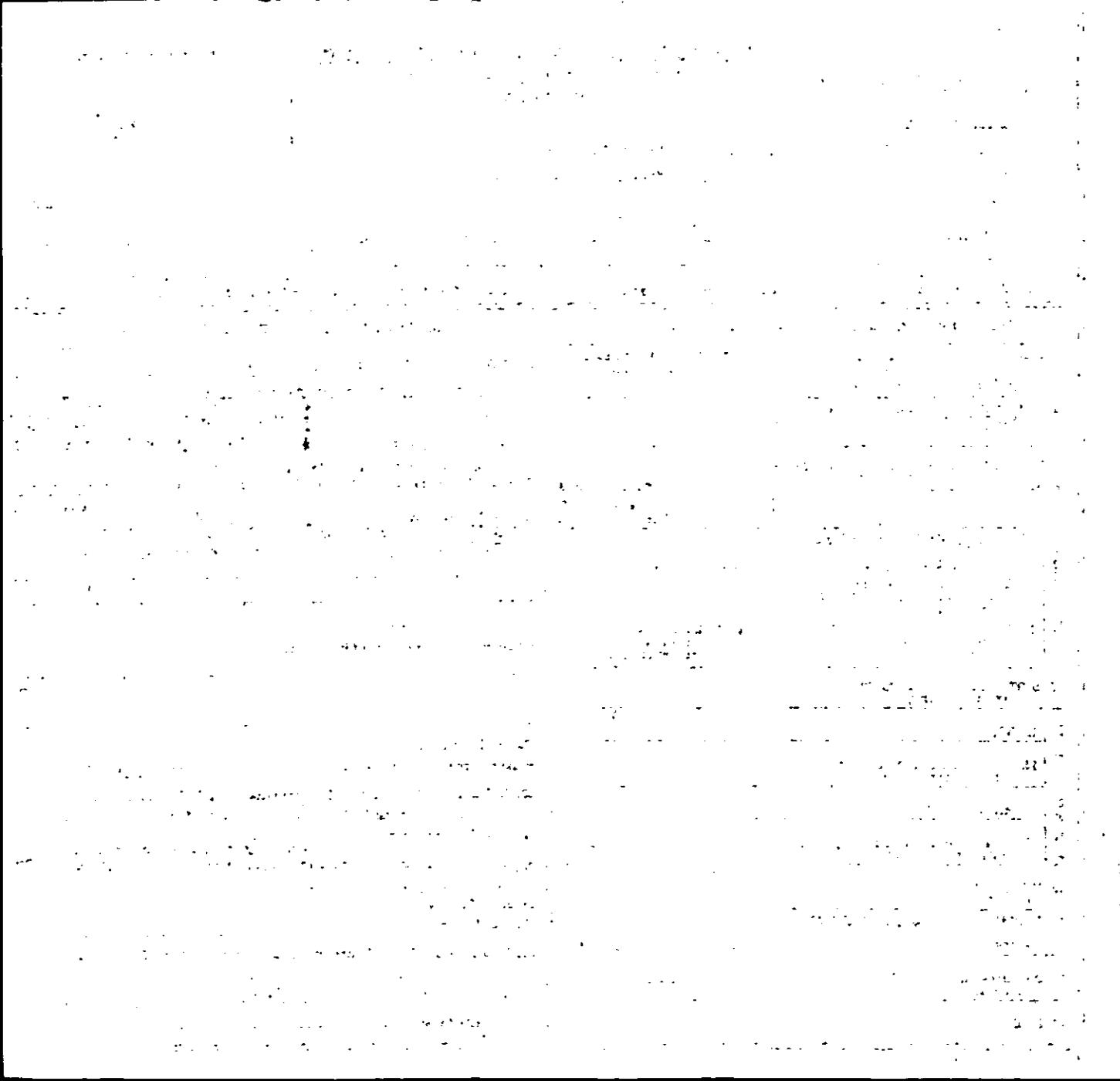
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Cynthia Oumbo  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/2/3  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 2 3  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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) Lebanon Va.  
 13. NAME Geo Oumbo  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edith Phelps  
 15. MAIDEN NAME Va.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.  
 17. INFORMANT (ADDRESS) Mrs Cynthia Oumbo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hale Cemetery DATE June 1 1938  
 19. UNDERTAKER (ADDRESS) Frank E. Plater  
 20. FILED May 31 1938 W.P. Kemp Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1938  
 22. I HEREBY CERTIFY, That I attended deceased from May 1st 1938 to May 30 1938  
 I last saw him alive on May 30 1938 Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Barony of Prostate Gland Date of onset  
 Other contributory causes of importance: 51  
 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.P. Kemp, M. D.  
 (Address) Hale Mo

Mrs. Ruby Barnes (Deputy)



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

17958  
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1. PLACE OF DEATH

(a) County Carroll Registration District No. 137  
(b) Township ..... Primary Registration District No. 4077 Registered No. ....  
(c) City Hale (d) Street No. .... 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Cumbo

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 1867

7. AGE YEARS 71 MONTHS 2 DAYS 3 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 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 12 1938 W. P. Kemp Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 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: Date of onset

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) W. P. Kemp M. D.  
(Address) Hale Miss

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1938  
S-17958