

REC'D JUN 16 1938

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

Do not use this space.

18134

1. PLACE OF DEATH

County Chautauque Registration District No. 1113
Township Orange Primary Registration District No. 5317
City (No.) St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-36
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Warsville (STATE OR COUNTRY) Mo

13. NAME Thos Lumbough

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

15. MAIDEN NAME Felma Eaton

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

17. INFORMANT L. E. Lumbough (ADDRESS) Warsville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Willard Cemetery DATE May 26, 1938

19. UNDERTAKER Jessie Lora (ADDRESS) Warsville, Mo

20. FILED 5-26-38 E. E. Heets Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to May 25, 1938

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

Septicemia
Date of onset May 20, 38

Other contributory causes of importance: id

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) Geo. W. News, M. D.

(Address) Steubenville, Mo

