

REC'D JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Miller
Township Clare
City Union, Mo. (No. _____)

Registration District No. 565-
Primary Registration District No. 5-761a

22444

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Jesse Gumm

(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

MEDICAL CERTIFICATE OF DEATH

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 Lovina Silsby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brumley, Mo.

FATHER 13. NAME William Gumm

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

MOTHER 15. MAIDEN NAME Julia Lilly

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

17. INFORMANT (ADDRESS) Mrs. Lovina Gumm, Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion Cem. Brumley, Mo. DATE 6/4 38

19. UNDERTAKER (ADDRESS) Chas. Casey, Iberia, Mo.

20. FILED 6/10, 1938 C. H. Hawken's Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1938, to 6/2, 1938

I last saw him alive on 5-29, 1938 Death is said to have occurred on the date stated above, at 9 P. m.

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

Mitral insufficiency Date of onset _____

Other contributory causes of importance: Enlarged prostate

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) E. W. Duncan, M. D.

(Address) Union, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

