

SEP 21 1938

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

28898  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
(b) Township \_\_\_\_\_ Primary Registration District No. 2001 Registered No. 028  
(c) City Springfield (d) Street No. ST JOHNS HOSPITAL 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 Russell Tummons

(a) Residence, No. St. John's Hospital St.  Bolivar, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 8th, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
16 2 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School-boy  
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) Bolivar, Mo.

FATHER 13. NAME Albert Tummons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brighton, Mo.

MOTHER 15. MAIDEN NAME Erma Russell

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

17. INFORMANT (ADDRESS) A. F. Tummons  
Bolivar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolivar, Mo. DATE Aug 10, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Smygle  
Springfield, Mo.

20. FILED Aug 10, 1938 Phas A. George  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1938 to Aug 9, 1938  
I last saw him alive on Aug 9, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Peritonitis General. Date of onset Aug 3

Other contributory causes of importance: 12/1  
Appendicitis with rupture.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Francis B. Gault, M. D.  
Springfield (Address)

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, yes

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Loohin Gomas*

Licensed Embalmer No.....

*3177*

P. O. Address.....

*Springfield mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**