

1938 OCT 21 1938

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32415

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township Suma bar Primary Registration District No. 4232 B
City Blue Springs Mo. No. 5517 St. _____ Ward)

2. FULL NAME

Joseph A Rumbaugh
(a) Residence, No. _____ (Usual place of abode) _____ Ward Mo. R 29
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 1 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith
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) Ohio

FATHER
13. NAME D. J. Rumbaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Dammels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

17. INFORMANT (ADDRESS) Paul Rumbaugh Blue Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborn DATE 10-6 38

19. UNDERTAKER (ADDRESS) R. B. Webb Blue Springs Mo.

20. FILED Oct 10 1938 at W. W. Tuttle Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 5, 1938
I last saw him alive on Oct 2, 1938. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

Facial mycoides
Date of onset 9/29/38
Other contributory causes of importance:
Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) J. W. Tuttle, M. D.
(Address) Blue Springs Mo

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

