

DEC 5 NOV 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Benton  
Township White  
City Ionia, (No. 510)

Registration District No. 60  
Primary Registration District No. 5090

File No. 35043  
Registered No. 19 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Herman, Lumpex

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M, 4. COLOR OR RACE white, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married,  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Margerite Lumpe, (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1883  
7. AGE YEARS 75 MONTHS 5 DAYS 5 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Retired Farmer  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Lincoln (STATE OR COUNTRY) Missouri

FATHER 13. NAME Herman Lumpe

14. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Catherine Stricker

16. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Margerite Lumpe (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Ceme., DATE oct, 25, 19 38

19. UNDERTAKER O. B. Calbert (ADDRESS)

20. FILED Nov 18 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-19-38, 1938, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on 10-21-38, 1938 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance: 10/1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Cancer 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) D. J. J. J., M. D.  
(Address) Cole Camp, Mo

Registrar \_\_\_\_\_

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.

RECEIVED

District Health Officer N

District File Number 7-38-

Date Filed 11-7-

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

35043  
Do not use this space.

1. PLACE OF DEATH

(a) County Benton Registration District No. 60  
(b) Township White Primary Registration District No. 5096 Registered No. 19  
(c) City \_\_\_\_\_ (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

(a) Residence, No. John Herman Lumpe ? 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marguerite Lumpe ?

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 5 5

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 Herman Lumpe ?  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS) Mrs Marguerite Lumpe

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 1st, 1938 Mr. Amy & Rhodes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 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:

Other contributory causes of importance:  
Date of onset

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) T. S. Beaman M. D.  
(Address) Cale Camp mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully classified. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-35043