DEC'D APR 10 1939

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

10001
Do not use this space.

1. PLACE OF DEATH
(a) County Boone Co — Registration District No. 73
(b) Township — Primary Registration District No. 3006 — Registered No. 47
(c) City Columbia — (d) Street No. 202 S. Garth 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 Susie Lumb
(a) Residence, No. 202 S. Garth St.
(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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Lumb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 21, 1872
7. AGE: Years 66 — Months 2 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Housewife
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): England 4

FATHER
13. NAME: Edmund Bailey 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 4

MOTHER
15. MAIDEN NAME: Rose Ann Stubbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mr George Lumb Huntsville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Huntsville DATE Mar 5 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Tom B Patton Huntsville Mo
20. FILED 3/3/ 1939 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-30-, 1939, to Mar. 3-, 1939
I last saw him alive on Mar. 1-, 1939. Death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mrs. Susie Lumb,	1-30-39
Cerebral Hemorrhage	1-30-39

Other contributory causes of importance: High B.P. Do not Recover

Name of operation: None — Date of
What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury, 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. D. Dyson Jr., M. D.
(Address) Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.
V. S. No. 2
50M-1-1938
I X14028

SEP 25 1953

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, ...

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

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

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.