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.

99
2
0

NOV 9

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

Do not use this space.

37327

1. PLACE OF DEATH
County Scotland 2 Registration District No. 810 File No.
Township Jefferson 1 Primary Registration District No. 6053 Registered No. 40
City Memphis (No. St. Ward)
651

2. FULL NAME Richard Brumback

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 14-1851

7. AGE YEARS 88 MONTHS 5 DAYS 22 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville Ill

FATHER
13. NAME Irvin Brumback
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

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

17. INFORMANT (ADDRESS) Geo. Brumback Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis Mo DATE Oct 8 1939

19. UNDERTAKER (ADDRESS) Geo W Baskett Memphis Mo

20. FILED Oct 12 1939 E E Parrish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Oct 6, 1939
I last saw him alive on Oct 6, 1939. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Bowels — Date of onset Good Knowledge

4 b

Other contributory causes of importance: Senility

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? No
If so, specify
(Signed) W. E. Alexander M. D.
(Address) Memphis Mo

RECEIVED
District Health Officer No. 10
District File Number 11-39-1883
Date Filed NOV 6 1989