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

Do not use this space.

40472

1. PLACE OF DEATH
County HOWELL — Registration District No. 384 — File No.
Township BENTON — Primary Registration District No. 5538 — Registered No. 3
City MOODY (No. , St. Ward)

2. FULL NAME MERIOTH THOMAS PUMPHREY
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 29 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: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SOSAN ELLA PUMPHREY

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-15 1857

7. AGE: Years 72 — Months — Days 23 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mechanic + BLACK SMITH
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark County Mo

PARENTS
10. NAME OF FATHER William G. Pumphrey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Hawkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Mrs Otto Wright (Address) Moody, Mo.

15. FILED Dec 9, 1929 J.D. Black REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1929, to Dec 8, 1929, that I last saw him alive on Dec 5, 1929, and that death occurred, on the date stated above, at 10 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic cardiac valvular disease (mitral regurgitation).
Chronic myocarditis
(duration) 5-6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. Claude Bohrer, M.D.
12-8-, 1929 (Address) West Plains, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Moody Mo — DATE OF BURIAL: Dec 9 1929

20. UNDERTAKER: N F McCallan — ADDRESS: Moody Mo

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.

WRITE PLAINLY, WITH [illegible]

46