

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

Do not use this space.

8217

MAY 23 1930

1. PLACE OF DEATH

County De Witt
Township Adams
City (No.)

Registration District No. 263
Primary Registration District No. 5365

File No. 1
Registered No. 1

2. FULL NAME

Shirley Ann Dumban

(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 30

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mayville (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Piley Dumban

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mayville (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Jess Berry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. N. C. (STATE OR COUNTRY) Mo

14. INFORMANT John Dumban (Address)

15. FILED 3/18, 1930 J. G. Hedrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1930

17. I HEREBY CERTIFY, That I attended deceased from March 7th, 1930, to March 12, 1930 that I last saw h. er alive on March 12, 1930, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. R. Reynolds, M.D. 3/13, 1930 (Address) Springville, 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 Shelburne Cemetery DATE OF BURIAL 5/13 1930

20. UNDERTAKER J. G. Hedrick ADDRESS Mayville, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

