

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

Do not use this space.

19061

**PLACE OF DEATH**

County Dunklin  
Township Waller  
City Malden

Registration District No. 289  
Primary Registration District No. 4173

File No. \_\_\_\_\_  
Registered No. 251  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Ellie Nummemaker

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

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

John M. Nummemaker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 4 20

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Saltville Ind.  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm K. Gould

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Harry Howard  
(Address) Illino Mo.

15. FILED 6/2 19 30 S.E. Mitchell  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 - 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1 - 1930 to June 1 - 1930.  
that I last saw her alive on July 30 - 1930, and that death occurred, on the date stated above, at 9:40 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis of the lungs

75A  
930 (duration) 6 yrs. mos. ds.

CONTRIBUTORY Myocarditis  
(SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

31 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Serological  
(Signed) George Walton, M. D.

6/3 1930 (Address) Malden 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 Malden Mo. DATE OF BURIAL 6/3 1930

20. UNDERTAKER W L Craig Malden Mo  
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

2

35

22-11-30

