

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

Do not use this space.

33483

**1. PLACE OF DEATH**

County Adair  
Township Clay  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 1023  
Primary Registration District No. 6000

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

**2. FULL NAME**

(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<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beverman F Rummerfield</u> |  |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-25-1838</u>                                  |  |   |   |  |
| 7. AGE   | YEARS<br><u>92</u>   | MONTHS<br><u>9</u>  | DAYS<br><u>25</u>                               | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret'd. Homemaker.</u> |   |   |  |
|  | 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) <u>Ohio</u>                               |  |   |   |  |
| FATHER   | 13. NAME <u>Peter King</u>   |   |   |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>  |   |   |  |
| MOTHER   | 15. MAIDEN NAME <u>Elizabeth Carpenter</u>   |   |   |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>  |   |   |  |
| 17. INFORMANT <u>Aden F Rummerfield</u><br>(ADDRESS) <u>Willmaville Mo.</u>                |  |   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Willmaville</u> DATE <u>Nov. 1, 1931</u>     |  |   |   |  |
| 19. UNDERTAKER <u>Dee Rileys</u><br>(ADDRESS) <u>Willmaville Mo.</u>                       |  |   |   |  |
| 20. FILED <u>M2</u> 19 <u>31</u> <u>Martha M Kennedy</u><br>Registrar.                     |  |   |   |  |

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-1931

22. I HEREBY CERTIFY, That I attended deceased from January, 1927 to Oct 20, 1931  
Last saw h. or a. alive on Sept 28, 1931. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy -  
42 yr  
92 yr  
1931  
Date of onset Oct 29 1931  
Other contributory causes of importance:  
Hardening of arteries  
and old age

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) M. F. Kennedy, M. D.  
(Address) Willmaville 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.

NOV 29 1931

