

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

Do not use this space.

1882

1. PLACE OF DEATH

49 County Jasper  
5 Township Merion  
7 City Carthage (No. ....) St. .... Ward)

Registration District No. 408  
Primary Registration District No. 707-0

File No. ....  
Registered No. ....

2. FULL NAME

Charles Umphlet  
(a) Residence, No. 1429 Harrington, Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 12 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 10 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired Farmer

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) Adams County (STATE OR COUNTRY) Miss

FATHER 13. NAME Presley Umphlet

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary Barton

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. L. C. Carr (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Cemetery DATE Jan. 26, 1933

19. UNDERTAKER Full Mortuary (ADDRESS) Carthage, Missouri

20. FILED Jan 26, 1933 J. N. Fitcham Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/20, 1932, to 11/24, 1933

I last saw him alive on 11/24, 1932 Death is said

to have occurred on the date stated above, at, ..... m.

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

Influenza pneumonia Date of onset 11/19  
11A 11W 33  
109A/11W

Other contributory causes of importance: none

Name of operation none Date of operation .....  
What test confirmed diagnosis? gen. P. typhoid (there an autopsy?) no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury .....

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) J. A. La Force, M. D.  
(Address) Carthage Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

