

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

Do not use this space.

19059

1. PLACE OF DEATH  
 County Jackson Registration District No. 3  
 Township Rau Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 3624) Forest St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Flores Mumma  
 (a) Residence, No. 3634 Forest St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 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 Arthur F. Mumma

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>56</u>		<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1937, to May 17, 1937  
 I last saw her alive on May 17, 1937. Death is said to have occurred on the date stated above, at 9 P. m.  
 The principal cause of death and related causes of importance were as follows:

Pelvic carcinoma  
Primary Uterus  
48  
 Other contributory causes of importance:  
Hemorrhages.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Mo

13. NAME Chas Blushen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise Schies

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Mo

17. INFORMANT (ADDRESS) A. F. Mumma

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Mo DATE May 18 37

19. UNDERTAKER (ADDRESS) Goodman Funeral Home  
Holden Mo

20. FILED May 17 1937 M. M. Terome  
 Registrar.

Name of operation Hysterectomy Date of 1935  
 What test confirmed diagnosis? none Was there an autopsy? No

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) H. M. Hittner, M. D.  
 (Address) 617 Shuwent Bldg  
Kansas City, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

