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

SEP 20 1937

Do not use this space.

30984

1. PLACE OF DEATH

49

County Jasper Registration District No. 412 File No. 3

Township ~~Minerva~~ Duval Primary Registration District No. 5570 Registered No. 6

City Rural (No. ..... St. ..... Ward)

2. FULL NAME John William Gumm

(a) Residence, No. Rural 12 miles North W.C. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
82	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) Hart County Kentucky

FATHER

13. NAME Abraham W. Gumm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

MOTHER

15. MAIDEN NAME Fannie Reeves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT (ADDRESS) Dary Mrs Fannie Tea Chase Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Bradford Cem DATE Aug 10 1937

19. UNDERTAKER (ADDRESS) Hedge - Nelson Webb City, Mo.

20. FILED 8/10 1937 Charles E Scafe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937, to Aug 8, 1937

I last saw him alive on Aug 8, 1937. Death is said to have occurred on the date stated above, at 4 A.m.

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

Thrombosis
Coronary Arteries

94B

Other contributory causes of importance:

Heat Exhaustion

Date of onset

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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) Webb City, 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.

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