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.

REC'D JUL 14 1938

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

21411
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 669
(c) City St. Joseph, (d) Street No. Missouri Methodist Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Melvin John Brumfield, 651 1
(a) Residence, No. St. Sheridan, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Brumfield,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 28, 1866
7. AGE: YEARS 72, MONTHS 4, DAYS 2. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer,
9. Industry or business in which work was done, as saw mill, bank, etc.: Farm,
10. Date deceased last worked at this occupation (month and year): June 30, 1938
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence County, Ohio,

FATHER
13. NAME: Burrel Brumfield,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

MOTHER
15. MAIDEN NAME: Margaret Massa,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

17. INFORMANT (ADDRESS): Mrs Melvin J Brumfield Sheridan, Mo.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL: Sheridan Mo.
PLACE Isadore Cem. DATE June 30, 1938
19. FUNERAL DIRECTOR (ADDRESS): Keaton Bros & Bowman 319 So. 10th. Str. Funeral Home
20. FILED 6/30 1938 H J Heatlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30th, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938, to June 30, 1938
I last saw him alive on June 30, 1938 Death is said to have occurred on the date stated above, at 1:10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 29.
131	

Other contributory causes of importance:

Coronary disease	Feb. 38
Hypertension.	
Chronic Nephritis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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. S. Conrad, M. D.
(Address) St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself June 30, 1

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)