

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.

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

31080
Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 791
 (b) Township..... Primary Registration District No. 1003 Registered No. 8517
 (c) City..... (d) Street No. Letourbe 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME JAMES T. Bumbery 516
 (a) Residence, No. 2946 Cass Ave St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 14 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookkeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. Bookkeeper
 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) St. Louis Mo

FATHER
 13. NAME Thomas Bumbery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
 15. MAIDEN NAME Ellen McIlwain
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) John Bumbery 9129 Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 9-30-38

19. FUNERAL DIRECTOR (ADDRESS) McIlwain 2549 Locust

20. SEP 28 1938 Local Registrar. J. T. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 27, 1938.
 I last saw him..... alive on..... Sept 27, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Chr. Inter. nephritis acute exacerbation with uraemia Date of onset.....
 Other contributory causes of importance:
Chronic Hypertension

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) R. G. Duke M. D.
 (Address) 2206 Howard

STATEMENT BY LICENSED EMBALMER

I, Albert Mayfield, Licensed Embalmer No. 3077
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Mayfield
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Albert Mayfield
Licensed Embalmer No. 3077

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