

Every year 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.

JUN 16 1937

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

Do not use this space.

1. PLACE OF DEATH

5th County Barry
 Township King Prairie
 City (No. 2)

Registration District No. 30
 Primary Registration District No. 4052

File No. 19328
 Registered No. 28

2. FULL NAME Ludema Dummit

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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 Flemming Dummit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 - 5 - 22

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home -

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) Missouri

13. NAME Andrew J. Marbet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME Evelyn Tate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama -

17. INFORMANT F. P. Dummit
 (ADDRESS) Monett, Mo -

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 5-17-37

19. UNDERTAKER Blankenship
 (ADDRESS) Monett, Missouri

20. FILED 5-17- 1937 W. M. West
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1937, to 5-16 1937

I last saw him alive on 5-16 1937. Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Cerebral Hemorrhage Date of onset 5-11-37

Other contributory causes of importance: Arterio sclerosis

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 _____, 1937

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 Ernest Mitchell, M. D.

(Signed) _____ (Address) Monett Mo

