

MAY 27 1930

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

Do not use this space.

9582

1. PLACE OF DEATH

County

Moniteau

Registration District No.

571

File No.

Township

Walker

Primary Registration District No.

8769

Registered No.

20

City

(No)

St.

Ward)

2. FULL NAME

James Ruben Hume

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

M

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

July 12 - 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

80

8

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

10. NAME OF FATHER

John Hume

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Mary Shay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

14.

INFORMANT (Address)

Jack Hume
California Mo

15.

March 31, 1930

Gast. W. Kothel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

March 30 1930

17.

I HEREBY CERTIFY, That I attended deceased from

, 19

, to

, 19

that I last saw h. alive on

, 19

, and that death occurred, on the date stated above, at

, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Tumor

550

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (SECONDARY)

84

(duration)

yrs.

mos.

ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

L. M. Gray

, M. D.

3-31, 1930 (Address)

California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Flag Spring Cemetery

4-1 1930

20. UNDERTAKER

ADDRESS

Williams & Freudenberger

California Mo

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. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

