

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

Do not use this space.

1. PLACE OF DEATH

68 County Moniteau
Township Reelers
City _____ (No. _____)

Registration District No. 571
Primary Registration District No. 6769

File No. 13296
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence Joseph Renge Pummil St. _____ Ward _____
(Usual place of abode)
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 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

Ora L Pummil

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

May 3 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 1 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant
(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)
Over 60 2
Ohio

10. NAME OF FATHER

John W. Pummil

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

12. MAIDEN NAME OF MOTHER

H. Smith Fiddle

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

14. INFORMANT Ora L Pummil
(Address) California

15. FILED Jan 30 1932 Gas. N. Roth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932, to April 29, 1932, that I last saw him, alive on April 29, 1932, and that death occurred, on the date stated above, at 7:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus (Gaugre)
left foot 59 132
(duration) 10 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Cardio-Vascular disease
myocarditis (duration) 5 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED at home

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb 15 32
amputation of foot
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Edgar A. Tibbels, M. D.

4/30 1932 (Address) California

*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

Memorial cemetery May 1 1932

20. UNDERTAKER ADDRESS

J. W. Wilson & Son California

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.

MAY 26 1932

