

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County Carrroll

Registration District No. 135

Township Cassell

Primary Registration District No. 3010

City Cassell (No. \_\_\_\_\_)

File No. 32188  
Registered No. 92 Ward \_\_\_\_\_

2. FULL NAME Leonard Alumbaugh

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-24-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 10 5

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

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

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) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Springton Mo DATE 10-1-1934

19. UNDERTAKER (ADDRESS) Walter Thomas Jones

20. FILED 9-30 1934 John Haskin Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-29-1934 to 1-29-34 1934

I last saw him alive on 9-29 1934. Death is said to have occurred on the date stated above, at 11 P m.

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

Ruptured right lung and hemorrhage into the pleural cavity  
210 M  
103 B

Other contributory causes of importance: \_\_\_\_\_

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? accident Date of injury 9-29 1934

Where did injury occur? 3 mi west of Maury Mo on Rt 42

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Nature of injury Ribs broken in in auto accident

Nature of injury car swerved & turned over

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) R. W. Benson, M. D.

(Address) Cassell Mo

