

STATE OF NEBRASKA

Bureau of Health—Division of Vital Statistics

CERTIFICATE OF DEATH

Do not write in this space

1 9667 9667

1. PLACE OF DEATH

Country Adams,

Township Denver,

City Hastings, No. Mary Lanning Hospital, { If death occurred in a hospital or institution give its NAME instead of street and number.

Length of residence in city or town where death occurred.....yr.....mo.....da. How long in U. S. if of foreign birth.....yr.....mo.....da.

2. FULL NAME Leslie Grant Nummaker,

Residence Hastings, Nebr.,

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE (Write the word) Married Widowed Divorced

5a. If married, widowed or divorced HUSBAND of or WIFE of

6. DATE OF BIRTH (mo.) Aug (day) 25 (yr.) 1889

7. Age Years Months Days If less than 1 day Hrs. or Min. 49 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer bookkeeper etc. 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 and State or Country) Nebraska

13. Name of Father Henry Nummaker,

14. Birthplace of Father (City or town and State or Country) Penn.,

15. Maiden name of Mother Mary Staley,

16. Birthplace of Mother (City or town and State or Country) Ill.,

17. INFORMANT Mr. Fred Nummaker, Hastings, Nebraska.

18. BURIAL PLACE Aurora, Nebr., Nov 16, 1938

19. UNDERTAKER Brand Funeral Home, Hastings, Nebr.,

20. Filed 1/16, 1938 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1938 to Nov 14, 1938

I last saw him alive on Nov 13, 1938, death is said to have occurred on the date stated above, at 1.53A.M.

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

Adeno. carcinoma of Thyroid July-1938

Contributory causes of importance not related to principal cause:

Name of operation Exploratory & Biopsy Date of Oct. 31-38
What test confirmed diagnosis? Pathology & Cy. Was there an autopsy? Yes23. 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?

no
If so, specify L. J. Nummaker, M. D.
Hastings, Nebr.

OCCUPATION