

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

Do not use this space.

1267

1. PLACE OF DEATH

County Jackson
Township Hann
City Hannington City

Registration District No. _____
Primary Registration District No. _____

File No. 291
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 3229 Marcell St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24, 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 | 5 | 25 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work National Bee
(b) General nature of industry, business, or establishment in which employed (or employer) Bee
(c) Name of employer _____

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

10. NAME OF FATHER Newton Sumner

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

12. MAIDEN NAME OF MOTHER Audrey M. Dickson

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

14. INFORMANT Newton Sumner
(Address) 3229 Marcell

15. FILED 1-21-28 M.M. Cravie
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1928, to Jan 19, 1928 that I last saw him alive on Jan 19 - 1928, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia

CONTRIBUTORY (SECONDARY) DIW (duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Emil Theilman, M. D.
20-1728 (Address) 321 Altman Bldg

*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 _____

W. Monah Jan 21 1928

20. UNDERTAKER Mrs. C. L. Foster K.C. 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.

RECORD WITH CONTAINING INFORMATION IS A PERMANENT RECORD

15-71

3-6

Helman
Altman