MAR 25 1930

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

Do not use this space.

4784

1. PLACE OF DEATH

County Howard — Registration District No. 378

Township Bonafamone (Boone Fenner) — Primary Registration District No. 5-5-24

City ~~Near Higboo~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. 15

2. FULL NAME Vernotti L Sumpter

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of W M Sumpter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17-1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	9	10	

8. OCCUPATION OF DECEASED

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

(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) Boone CO

PARENTS

10. NAME OF FATHER Wash Buckler

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

12. MAIDEN NAME OF MOTHER Mary Byram

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

14. INFORMANT Homer Hargis (Address) Higbee Mo

15. FILED 3-2 1930 V. O. Bonham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/27 - 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1929 to Feb 27th, 1930 that I last saw her alive on Oct. 13th 1929, and that death occurred, on the date stated above, at 330 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertensive Heart disease with decompensation. 66B

Toxic Thyroid. 95B

(duration) 2 yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Arterio sclaerosis demona fo Thyroid (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Thos J Fleming, M. D.

, 19 (Address) Moberly, Missouri

*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
Faraview Comotary	Feb 28 1930

20. UNDERTAKER	ADDRESS
C. L. Fraland	Higbee, Mo

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.