

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

Do not use this space.

12929

1. PLACE OF DEATH

County Vermon Registration District No. 872 File No. _____
 Township Highwood Primary Registration District No. 4526 Registered No. _____
 City Milo (No. _____) St. _____ (Ward _____)

2. FULL NAME

Oliver Columbus Sumner
 (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 2 yrs. mos. da. How long in U.S., if of foreign birth? 87 yrs. mos. da.

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 Husband of Anna Sumner
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13 1849
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 22 _____

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Va. U.K. (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Johnathan Sumner
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va. U.K. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Lina Beamer
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va. U.K. (STATE OR COUNTRY)

14. INFORMANT Woody Sumner (Address) Milo, Mo.

15. FILED 3/16, 1931 Mrs P. S. Earl REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15 1931
 17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 15, 1931
 that I last saw alive on Mar 14, 1931, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Sic Probably
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Chemical
 (Signed) C. L. Kestler, M. D.
3/15, 1931 (Address) Milo Mo.

*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 Montevallo Cem. DATE OF BURIAL Mar 17 1931

20. UNDERTAKER Beery & Sons ADDRESS Sheldon 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.

APR 27 1931

MISSOURI STATE BOARD OF HEALTH

