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.

MAY 27, 1931.

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

Do not use this space.

15419

File No.

Registered No. 57

1. PLACE OF DEATH

County St. Francois — Registration District No. 773

Township St. Francois — Primary Registration District No. 6018A

Near City Farmington, Mo. (No. 4, St. Ward)

2. FULL NAME Henry Sumpter

(a) Residence, No. Desloge, Mo. 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Susan Fleming

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 25, 1856

7. AGE: YEARS 75 — MONTHS — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Reynolds County Mo.

FATHER

13. NAME: George Sumpter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Anna Duty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Desloge Mo DATE 4-19- 1931

19. UNDERTAKER (ADDRESS): C. L. Boyer Desloge Mo

20. FILED 4-18, 1931 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1930, to April 17, 1931

I last saw him alive on April 17, 1931 Death is said to have occurred on the date stated above, at 12:30 m. P.M.

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

	Date of onset
General Arteriosclerosis	Oct. 1926

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Other contributory causes of importance: ---

Name of operation --- Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. 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

(Signed) J. C. Tincher, M. D.

(Address) Farmington, Mo.