

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

Do not use this space.

15581-1

APR 24 1933

1. PLACE OF DEATH
 2 County Christian Registration District No. 183
 Township Porter Primary Registration District No. 5254
 City Miss. Mo. R.R.H. (No. _____) St. _____ Ward _____

2. FULL NAME John S. 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 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. John S. Sumner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>58</u>	<u>6</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farm 1

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) Mo. 1

13. NAME J. W. Sumner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

15. MAIDEN NAME Nancy Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs. John S. Sumner
(ADDRESS) Miss. Mo. RR

18. BURIAL, CREMATION, OR REMOVAL PLACE McConnell Cemetery DATE May 4 1933

19. UNDERTAKER T. B. Chaffin
(ADDRESS) Clark Mo.

20. FILED Apr. 14 1933 Blanche P. Moran
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-25 1932 to 5-2 1932
 I last saw him alive on 5-2 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Paralysis of trunk Date of onset _____
460
460
 Other contributory causes of importance:
29 yrs. was active
 (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) M. J. Armstrong, M. D.
 (Address) Springfield 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.

WRITE YEAR, MONTH, DAY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

