

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 277 File No. 13138
Township St. Louis Primary Registration District No. 1 Registered No. 100
City H. C. (No. General Hosp.) St. St. Louis Ward

2. FULL NAME

John S. Sumner
(a) Residence, No. 2441 Chestnut St., Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25/34

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

22. I HEREBY CERTIFY that I am a duly licensed physician, and that I am duly qualified to give the information furnished hereon to the Registrar.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1890

I last saw him live on 1/17 1934. Death is said to have occurred on the date stated above, at 9:45 a.m.

7. AGE YEARS 43 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
Primary thromboses Date of onset

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

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) California

13. NAME J. S. Sumner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield, Mo.

15. MAIDEN NAME Miss Potter

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

17. INFORMANT (ADDRESS) Mrs. Jessie Robinson

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield, Mo. DATE 4-28-34

19. UNDERTAKER (ADDRESS) H. P. Pigeon & Son's

20. FILED Apr 27 34 M. M. Crowe Registrar.

Other contributory causes of importance:
no

Name of operation Culpey Date 4/25/34
What test confirmed diagnosis Culpey as there an yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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?
If so, specify _____

(Signed) [Signature] (Address) [Address]

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.

OCCUPATION
37
22

(M.D.)

