

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

Do not use this space.

**1. PLACE OF DEATH**

County Johnson  
Township \_\_\_\_\_  
City Warrensburg (No. \_\_\_\_\_)

Registration District No. 431  
Primary Registration District No. 3023

File No. 25203  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4, 1863</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <u>70 9 18</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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) <u>Hagerstown Md</u>		
13. NAME <u>John Sumner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Catherine Row</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>D. M. Miller Warrensburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Super Hill</u> DATE <u>July 25, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney Phillips Warrensburg, Mo.</u>		
20. FILED <u>7/24, 1934</u> <u>Cora Kirby Registry</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

22. I HEREBY CERTIFY, that I attended deceased from 9-1-3, 1940 to 7-22-, 1934. I last saw h. or alive on 7-22, 1934. Death is said

to have occurred on the date stated above, at 9:10 a.m.  
The principal cause of death and related causes of importance were as follows:

Cancer of stomach Date of onset ?

46 15

Other contributory causes of importance: 46

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray 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) P. J. McKinnis, M. D.  
(Address) W. Warrensburg, 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.

