

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **21003**
City **St. Louis Mo.** (No. **City Hospital No. 2**)

File No. **12843**
Registered No. **2897**
St. Ward)

2. FULL NAME

(a) Residence, No. **James Sumas**
(Usual place of abode) **2646 - Camble 1st Floor 21**
Length of residence in city or town where death occurred **15** 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 Male	4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannie Sumas		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10th 1884		
7. AGE YEARS 52	MONTHS 0	DAYS 1
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Unskilled)	
	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) Ga.		
FATHER	13. NAME Henry Sumas	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.	
MOTHER	15. MAIDEN NAME Anna Glover	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Os.	
17. INFORMANT (ADDRESS) Judy Ceredack 2945 - Lawton		
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dick DATE 3/17 19 36		
19. UNDERTAKER (ADDRESS) Woods Funeral Home 2723 E. Dickson St.		
20. FILED MAR 17 1936 J. C. Ceredack Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 11th 1936**

22. I HEREBY CERTIFY, That I attended deceased from **3-8-1936** to **3-11-1936**
I last saw him alive on **3-11-1936** Death is said to have occurred on the date stated above, at **12:45 A.M.**
The principal cause of death and related causes of importance were as follows:
Appendicet Abscess Date of onset **3-8-36**
Peritonitis
Other contributory causes of importance:
121
Peritonitis

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?.....
If so, specify **William N. Sumas, M.D.**
(Signed) **William N. Sumas, M.D.**
(Address) **2945 - Lawton 13th**

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

