

MAR 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Howard  
Township Chanton  
City Glasgow (No. 4223)

Registration District No. 379  
Primary Registration District No. 4223

File No. 6081  
Registered No.          Ward         

## 2. FULL NAME

(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 17 yrs.          mos.          ds. How long in U. S., if of foreign birth?          yrs.          mos.          ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William C. Sumpter  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1859  
7. AGE YEARS 77 MONTHS 9 DAYS 25 If LESS than 1 day,          hrs. or          min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Jan. 17, 37 11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County Missouri

13. NAME Jerry Ashby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Charlotte Schaeffer

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

17. INFORMANT Mrs. Ernest Maddox (ADDRESS) Glasgow, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Cemetery DATE Feb. 5, 1937

19. UNDERTAKER Helen F. Friesmuth (ADDRESS) Glasgow, Mo.

20. FILED 2-5-37 1937 J. W. Danner Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1937, to 2-4, 1937

I last saw her alive on 2-3, 1937. Death is said to have occurred on the date stated above, at 6:00 m.

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

Myocarditis Date of onset         

Other contributory causes of importance: Influenza

Name of operation none 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) W. B. Fletcher, M. D.

(Address) Glasgow, Mo.

