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.

REC'D MAR 14 1938

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. 399 — File No. 5765

Township Kaw — Primary Registration District No. 1002 — Registered No. 831

City Kansas City (No. 3663 Jefferson St. Ward)

2. FULL NAME Addie M. Sumption 513

(a) Residence, No. 3663 Jefferson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 42 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: O. D. Sumption

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1, 1871

7. AGE: YEARS 65 — MONTHS 11 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER

13. NAME: Charles E. Case
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

MOTHER

15. MAIDEN NAME: Julia H. Severence
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brooklyn Mass.

17. INFORMANT (ADDRESS): O. D. Sumption 3663 Jefferson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Feb. 19 1938

19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City, Kansas

20. FILED 2/19 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1937, to Feby 17, 1938

I last saw her alive on Feby 17, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

	Date of onset
Cardiac Dilatation	1937
95 B	

Other contributory causes of importance:

Pyloric Stenosis

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray 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 .....

(Signed) C. E. Cyrene, M. D.

(Address) 3400 Kansas Blvd.