

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.

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

REC'D JUL 19 1938

**21472**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Callaway Registration District No. 104  
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 158  
 (c) City Fulton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maggie Beriene Sumners 562  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 3, 1938</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>3</u>	<u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child</u>		
9. Industry or business in which work was done, as 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>Mokane, Missouri</u>		
13. NAME <u>Geo. Sumners</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mokane, Missouri</u>		
15. MAIDEN NAME <u>Reba Langley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ishetta, Missouri</u>		
17. INFORMANT <u>Geo. Sumners</u> (ADDRESS) <u>Mokane, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mokane</u> DATE <u>June 22, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>Glen G. Mangin</u> (ADDRESS) <u>700 Court St Fulton</u>		
20. FILED <u>June 24, 1938</u> <u>R. N. Crewe</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/5, 1938, to 6/21, 1938  
 I last saw h. or alive on 6/21, 1938. Death is said to have occurred on the date stated above, at 1:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
~~Chronic Bacteremia~~  
Chronic Bacter. Entero-colic  
11418-  
 Other contributory causes of importance:  
Bronchopneumonia, bilat.  
malnutrition  
secondary anemia  
 Name of operation none 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Nemy Duvet M. D.  
 (Address) Fulton, Mo.

Date of onset  
Mar. 1938  
6/20/38  
Mar. 1938  
Mar. 1938

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**