

REC'D JAN 23 1938

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

Do not use this space.

42174

1. PLACE OF DEATH

County Atchison Registration District No. 20
Township Boesal Primary Registration District No. 5028
City Atchison (No. _____) St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Hattie Sumbarger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. of min.
67 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Athens Ohio

FATHER 13. NAME August Sumbarger

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. J. M. Sumbarger
Atchison Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Travis Hill DATE Feb 3 1938

19. UNDERTAKER (ADDRESS) J. M. Lewis
Atchison Mo.

20. FILED Jan 31 1938 Clu Waugh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1938, to Jan 31 1938
I last saw him alive on Jan 31 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis Date of onset 1930
S. I. M.

Other contributory causes of importance:
Cerebral Hemorrhage 1-22-38
Had a previous stroke 10-22-36

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal 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) J. Madario, M. D.
(Address) Atchison 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.

