

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.

AUG 17 1936

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

Do not use this space.

32060-1

1. PLACE OF DEATH
 County Candeur Registration District No. 119
 Township ... Primary Registration District No. 5191
 City ... (No. ...) St. ... Ward ...

2. FULL NAME Ralph James Sumner
 (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 Boy 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

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) MO

MOTHER

13. NAME Char Sumner

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

15. MAIDEN NAME Elois James

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

17. INFORMANT Elois Sumner
(ADDRESS) ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Montreal Cemetery DATE Oct 20 1936

19. UNDERTAKER None
(ADDRESS) ...

20. FILED July 14 1936 Mrs W J Clark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1935 to October 19 1935
 I last saw him alive on October 18 1935. Death is said to have occurred on the date stated above, at 7 a. m.
 The principal cause of death and related causes of importance were as follows:
126
Septicemia
(Umbilical infection)
 Date of onset Oct. 15, 1935

Other contributory causes of importance: None

Name of operation None Date of ...
 What test confirmed diagnosis? Clenid Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None 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) Mynon D Jones M.D.
 (Address) Brunley, Mo

