

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

Do not use this space.

28677

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
 1 Township Cape Primary Registration District No. 3009
 8 City Cape Girardeau (No. Southwest 2nd Hospital) St. _____ Ward _____

2. FULL NAME

Sloyd Dummer
 (a) Residence, No. Jackson, Mo. R#1 St. _____ Ward. Jackson, Mo. Rfd 1
 (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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
24- 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ordinary wood
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work on Government Boat
 10. Date deceased last worked at this occupation (month and year) Sept. 10, 1932 11. Total time (years) spent in this occupation _____

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

MOTHER FATHER 13. NAME Jesse Dummer

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

MOTHER 15. MAIDEN NAME Sylvia McKee

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

17. INFORMANT Earl McKee
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 9-19- 1932

19. UNDERTAKER Reisenbichler Bros
(ADDRESS) Pocahontas Mo

20. FILED 9-19 1932 W. H. Campbell
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18th 1932
 22. I HEREBY CERTIFY, That I attended deceased from Sept 18th 1932, to Sept 18th 1932
 I last saw him alive on 9-18 1932. Death is said to have occurred on the date stated above, at 7:45 a.m.
 The principal cause of death and related causes of importance were as follows:

acute Hepatitis
Hepatitis
125 B
 Other contributory causes of importance: 1 2 5 10
 Date of onset: Sept 9th 1932

Name of operation none Date of _____
 What test confirmed diagnosis? by symptoms 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) E. B. Schuch, M. D.
 (Address) Cape Girardeau, Mo.

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.

OCT 24 1932

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