

**DEATH**  
 COUNTY OF ST. LOUIS  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

9086

## PLACE OF DEATH

 County Washington  
 Vol. No.                       
 Ino. Town                     
File No.                     City                      (No.                     )

(7140)

Registered No. 11City                      (No.                     ) (Word)                     
 [If death occurred in  
 a hospital or institution,  
 give its NAME instead  
 of street and number.]
FULL NAME James Sumner Jr. (Phillips)

## PERSONAL AND STATISTICAL PARTICULARS

 SEX Male COLOR OR RACE Black SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single  
 DATE OF BIRTH 3 25 1917  
 (Month) (Day) (Year)

 AGE                      yrs.                      mos.                      ds. IF LESS than 1 day                      hrs. or                      min. ?

 OCCUPATION (a) Trade, profession, or particular kind of work                       
 (b) General nature of industry, business, or establishment in which employed (or employer)                     
BIRTHPLACE (State or country) Mo.

PARENTS	10 NAME OF FATHER <u>James Sumner</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Mo.</u>
	13 MAIDEN NAME OF MOTHER <u>Sallie Wood</u>
	12 BIRTHPLACE OF MOTHER (State or country) <u>Mo.</u>

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) James Sumner Jr.  
 (Address) Washington

 15 Filed 3/16 1917 Registrar                     

## MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH 3 25 1917  
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from                     , 1917, to                     , 1917, that I last saw h                     alive on                     , 1917, and that death occurred, on the date stated above, at                      m.

 THE CAUSE OF DEATH\* was as follows:  
Migration caused by pneumonia which was considered Endemicity. (Duration)                      yrs.                      mos.                      ds.  
 Contributory                      (Secondary)                      (Duration)                      yrs.                      mos.                      ds.  
 (Signed) J. G. Rife, M. D.  
3/25/1917 (Address) Washington

 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SOCIALIZED or HOMICIDE.  
 (18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) In the place of death                      yrs.                      mos.                      ds. State                      yrs.                      mos.                      ds. Where was disease contracted, if not at place of death?                       
 Former or usual residence                     

 19 PLACE OF BURIAL OR REMOVAL Washington DATE OF BURIAL 3/16 1917  
 20 UNDERTAKER J. Craft (Address) Washington