

Commonwealth of Kentucky  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

 1 PLACE OF DEATH  
 County *Muhlenberg*  
 Vol. No. *Ennis, Ky* Registration District No. *7127*  
 Inc. Town ..... Primary Registration District No. *7*  
 City ..... (No. .... St. .... Ward)  
 2 FULL NAME *George Sumner, Jr.*

 File No. *24336*  
 Registered No. *8*  
 (If death occurred in a hospital or institution give its NAME, number of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>
6 DATE OF BIRTH <i>Sept 27 1916</i> (Month) (Day) (Year)		
7 AGE ..... yrs. .... mos. .... ds.		IF LESS than 1 day 5 hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>At home</i> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <i>Ennis Ky.</i>		
PARENTS	10 NAME OF FATHER <i>Geo. Washington Sumner</i>	11 BIRTHPLACE OF FATHER (State or country) <i>Shilohville, Ky.</i>
	12 MAIDEN NAME OF MOTHER <i>Minnie R. Brown</i>	13 BIRTHPLACE OF MOTHER (State or country) <i>Prentice, Ky.</i>
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>G. H. Sumner,</i> (Address) <i>Ennis, Ky.</i>	

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <i>Sept 27 1916</i> (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from <i>Sept 27, 1916</i> , to <i>Sept 27, 1916</i> , that I last saw him alive on <i>Sept 27, 1916</i> , and that death occurred on the date stated above at <i>9 P.m.</i> The CAUSE OF DEATH* was as follows: <i>Prematurely Born.</i> <i>(Born at about the 7th mo.)</i> (Duration) ..... yrs. .... mos. .... ds. Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds. (Signed) <i>H. D. Newman</i> , M. D. (Address) <i>Drakesboro, Ky.</i>

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, OF (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
 At place of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
 Where was disease contracted, if not at place of death? .....  
 Former or equal residence .....

19 PLACE OF BURIAL OR REMOVAL <i>Green Bell's Graveyard</i>	DATE OF BURIAL <i>Sept 27, 1916</i>
20 UNDERTAKER <i>Joe Vick</i>	ADDRESS <i>Ennis, Ky.</i>

 Filed *10-2*, 1916 *A. P. Fleming*  
 Registrar

MARGIN RESERVED FOR INDEXING

 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. See instructions on back of certificate.