Feb 1929

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. /

Form 93a—9-5-21—1000 Books—100 pages.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1 PLACE OF DEATH

County Lake

Township Vermontville

Village

City

(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Philip H Sumner

(a) Residence No. St., Ward.
(Usual place of abode)
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.
(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (*Write* the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Widowed

6 DATE OF BIRTH (Month, day and year) 2/25/1839

7 AGE Years	Months	Days	If LESS than 1 day ..... hrs. OR ..... min.
85	10	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Ohio

PARENTS

10 NAME OF FATHER Frederick Sumner

11 BIRTHPLACE OF FATHER (city or town) (state or country) Penn

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Penn.

14 Informant Orrie L. Sumner

(Address) Vermontville

15 Filed 1/13, 1925 C R Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Jan 11 1925

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 1924 to Jan 11, 1925

that I last saw him alive on Jan 10, 1925 and

that death occurred on the date stated above at 8 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. L. McLaughlin M. D.

, 19 , Address Vermontville

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

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Vermontville — Date of Burial 1/14 1925

2 UNDERTAKER C. O. Deer — Address Vermontville

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