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

Do not use this space.

33277

JAN 1928

1. PLACE OF DEATH
County: Grundy — Registration District No. 330
Township: — Primary Registration District No. 3017
City: Trenton (No. ; St. ; Ward)

File No.
Registered No.

2. FULL NAME: Joseph R. Summers
(a) Residence. No. Washington 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 9-1837

7. AGE: Years 90 | Months 7 | Days 18 | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Mason Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY): Dont Know
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY): Dont Know

14. INFORMANT: Delilah A. Summers
(Address): Trenton Mo

15. FILED: Nov 29. 1927 — E. A. Duffy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1927, to Nov 25, 1927, that I last saw him alive on Nov 25, 1927, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Arteriosclerosis
Bronchitis
10 to D
(duration) Dont Know yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Bronchitis
(duration) about yrs. mos. 30 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) W. H. Cunningham, M. D.
Nov 29. 1927 (Address) Trenton Mo

*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: Maple Grove — DATE OF BURIAL: 11/28 1927
20. UNDERTAKER: R H Hemley — ADDRESS: Trenton

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.