OCT 1

1928

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

Do not use this space.

28006

File No. 621

Registered No.

1. PLACE OF DEATH
County New Madrid
Township "
City "
Registration District No. 604
Primary Registration District No. 5802
(No. , St. , Ward)

2. FULL NAME Ed Summers

(a) Residence. No. 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-12-1908

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
25	3	8	

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) Donaldson Town
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Jackson Summers
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Mary LaBelle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Jackson Summers
(Address)

15. FILED 8/21/1928 W O Bannon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/20/1928

17. I HEREBY CERTIFY, That I attended deceased from 8-7-28, 1928, to 8-17-28, 1928 that I last saw alive on 8-17-28, 1928, and that death occurred, on the date stated above, at 8-20-28-5:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

38 Malarial fever (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Malaria (duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? New Byrds Point Mo
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) J D Foster, M. D
8/21/1928 (Address) New Madrid 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: Community Cem — DATE OF BURIAL: 8-22 1928

20. UNDERTAKER: Richards Und. Co — ADDRESS: New Madrid

MARGIN RESERVED FOR BINDING

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.