

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

Do not use this space.

40753

1. PLACE OF DEATH

County Saline Registration District No. 372
 Township Greentown Primary Registration District No. 4218
 City Mound City (No. _____) St. _____ Ward _____

2. FULL NAME Otto Edward Summerling

(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18 - 1925</u>		
7. AGE YEARS <u>6</u>	MONTHS <u>7</u>	DAYS <u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1931
 22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1931, to Dec 30, 1931
 I last saw him alive on Dec 29, 1931. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Scarlet fever
8
107A
8

Date of onset
Dec 23
1931

Other contributory causes of importance:
Pneumonia

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____

(Signed) F. G. Hagan, M. D.
 (Address) Mound City, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mound City Mo.</u>
	13. NAME <u>O. E. Summerling</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Ethel Smith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mound City Mo.</u>
	17. INFORMANT (ADDRESS) <u>O. E. Summerling Mound City Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mr Hope</u> DATE <u>12-31</u> , 19 <u>31</u>	
19. UNDERTAKER (ADDRESS) <u>W. H. Crawford Mound City Mo.</u>	
20. FILED <u>Dec 31</u> , 19 <u>31</u> <u>J. C. Tracy</u> Registrar	

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.

