

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

Do not use this space.

1130

**1. PLACE OF DEATH**

County Jackson  
Township Kan.  
City Kansas City, Mo. (No. Gen. Hosp No 2.)

Registration District No. 333  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 108  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jack Summerhill  
(a) Residence No. 1716 Cherry St. 3 Ward.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lina Summerhill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, 1890.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mls.  
41 5 1328

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. 1528  
(b) General nature of industry, business, or establishment in which employed (or employer) not Employed 69E  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Texas 2 (STATE OR COUNTRY)

10. NAME OF FATHER Charles Summerhill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ala. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lina Summerhill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas (STATE OR COUNTRY)

14. INFORMANT Record Clerk. (Address) Gen. Hosp No 2.

15. FILED Jan 16 1932 M. M. Grewer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1931, to Jan. 13, 1932 that I last saw him alive on Jan. 12, 1932 and that death occurred, on the date stated above, at 1020 a.m. in.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Sales Dorsalis  
Cellulitis of Left Arm.

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Toxemia

(duration) ? yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH ?

DID AN OPERATION PRECEDE DEATH? no DATE OF ?

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) D. M. Miller, M. D.

1/4, 1932 (Address) Gen. Hosp. No. 2

\*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 Heathlawn Cem. DATE OF BURIAL 1/16 1932.

20. UNDERTAKER Harkins Bros. Mch. Co ADDRESS 1709 Lydia

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.

