

WAR 24 1934

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

Do not use this space.

5120

1. PLACE OF DEATH

County Jackson Registration District No. 388
Township KAW Primary Registration District No. 4000
City Kansas City (No. Wesley Hospital) St. _____ Ward _____

File No. _____
Registered No. 845

2. FULL NAME James S. Summers

(a) Residence, No. 5142 Main St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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 Mrs. Elizabeth Summers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United States Commissioner

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME Stephen Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Mary Ann Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs. Elizabeth Summers
5124 Main St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 2/1/34 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary
Kansas City, Missouri

20. FILED 2/20 1934 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1934, to Feb. 19 1934
I last saw h. l. a. alive on Feb. 19 1934. Death is said to have occurred on the date stated above, at 2:30 a. m.

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

Broncho-Pneumonia followed by Empyema on left chest.
Date of onset _____
Other contributory causes of importance: Developed Empyema.

Name of operation Resected Rib Date of Feb. 11, 34
What test confirmed diagnosis? Pur Was there an autopsy? NO

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) James C. Walker M. D.
(Address) 1424 Professional Bldg.

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.

