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.

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

NOV 13 1934

Do not use this space.

36021

1. PLACE OF DEATH
County Jackson — Registration District No. 395
Township Kaw — Primary Registration District No. 1002 — File No.
City K.C. Mo. — No. 1658 Madison St. — Registered No. 4522 Ward)

2. FULL NAME Lenard S. Summers

(a) Residence, No. 1658 Madison 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: M
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-13-1882

7. AGE: Years 52 — Months 4 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Power & light Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Yards ground
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): Mo

FATHER

13. NAME: Spencer R. Summers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Martha J. Vestal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Ruth Summers 1658 Madison

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Wash. DATE: Oct 10-34

19. UNDERTAKER (ADDRESS): Mrs. Lena Forster 618 Broadway ave

20. FILED: 10/10, 1934 M. M. Crowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-8-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934, to Oct 8, 1934
I last saw him alive on Oct 8, 1934. Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage.	10d
131	
88A	
97.	

Other contributory causes of importance:

Arteriosclerosis	
Chr Interstitial Nephritis	2yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) O. M. Counsell, M. D.
(Address) 1330 Summit.

Dr. C.
1330 Summit