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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 6 1936

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

Do not use this space. 26801-3

1. PLACE OF DEATH

County Jefferson — Registration District No. 420 — File No.

Township Valle — Primary Registration District No. 3022 — Registered No. 163

City De-Soto (No. , St. Ward)

2. FULL NAME ~~Rd. Summers~~ Richard L. Summers

(a) Residence, No. Potosi Mo. 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-30-1893

7. AGE — YEARS: 42 — MONTHS: 1 — DAYS: 13 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER

13. NAME: Richard Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Mary Alvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Ruth Summers St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Potosi Mo. DATE 8-16-35, 19

19. UNDERTAKER (ADDRESS): J.B. Boyer & Son Potosi Mo.

20. FILED 8/16, 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-13-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1935, to Aug 18, 1935

I last saw him alive on Aug. 19, 1935. Death is said to have occurred on the date stated above, at 11 P m.

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

Acute Nephritis — Date of onset

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Other contributory causes of importance:

Died at De Soto Mo. on way to St Louis hospital

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?

If so, specify

(Signed) [signature], M. D.

(Address) Potosi, Mo.