

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

Do not use this space.

39488

23 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 2539 Spruce) St. _____ Ward _____

File No. 1624
 Registered No. _____

2. FULL NAME Miss Chloë Elizabeth Summers

(a) Residence, No. 2612 Monroe St. _____ Ward _____
 (Usual place of abode)
 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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3rd, 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>19</u>	<u>3</u>	<u>29</u>		

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

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) Missouri

13. NAME Oscar Summers

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

15. MAIDEN NAME Stella Mallett

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

17. INFORMANT Mrs. J. T. Roberts (ADDRESS) 2612 Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills Fun DATE 12/25, 19____

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED 12/5, 1935 W. M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2/35, 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____. I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 AM m.

The principal cause of death and related causes of importance were as follows:
Infected a factory (Self induced).

Other contributory causes of importance _____

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) _____

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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