

JAN 23 1936

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

Do not use this space.

39638

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jean Primary Registration District No. 1002
City Kansas City (No. KC Gen Hosp) St. _____ Ward _____

File No. _____
Registered No. 4709

2. FULL NAME

William Summelt
(a) Residence, No. 5838 Miller St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 58 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 white 5. SINGLE, MARRIED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Summelt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 - 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 08 2 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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 A. J. Summelt

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

MOTHER
15. MAIDEN NAME Anne Charleston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Reverend Clerk K C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE See Summelt DATE Dec - 18 1935

19. UNDERTAKER (ADDRESS) Mrs. C. S. Forster 918 Broadway Ave

20. FILED Dec 16 1935 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1935
22. I HEREBY CERTIFY, That I attended deceased from 12-15 1935, to 12-16 1935
I last saw him alive on 12-16 1935 Death is said to have occurred on the date stated above, at 6:50 a.m.
The principal cause of death and related causes of importance were as follows:

Right Subacute pneumonia
Date of onset _____
108
Other contributory causes of importance:
Acute Splenitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) J. H. Cronin M. D.
(Address) K C Gen Hosp

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.

