FEB 18 1936

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

Do not use this space.

510

1. PLACE OF DEATH
County: Carroll
Township: Egypt
City: Norborne (No. ..... St. ..... Ward)

Registration District No. 138
Primary Registration District No. 4078

File No. .....
Registered No. 3

2. FULL NAME: Charles Edward Summers

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 14 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15-1921

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
14	7	16	

OCCUPATION
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.: & School
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): Norborne Mo Carroll County

FATHER
13. NAME: Jess. Summers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia.

MOTHER
15. MAIDEN NAME: Floranda Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sparks. Kansas

17. INFORMANT (ADDRESS): Mrs. Florence Summers Norborne Mo

18. BURIAL, ~~CREMATION, OR~~ REMOVAL
PLACE: Greenwood Kansas DATE: Feb. 2 1936

19. UNDERTAKER (ADDRESS): John G Deitch Norborne Mo.

20. FILED: Feb. 1, 1936 B. C. Cole M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-31-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-24-, 1936 to 1-31-, 1936
I last saw him alive on 1-31-, 1936 Death is said to have occurred on the date stated above, at 5-a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	1-25-36

Other contributory causes of importance: Ruptured Appendix

Name of operation: Appendectomy Date of: 1-25-36
What test confirmed diagnosis? Pus 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) B. C. Cole, M. D.
(Address) Norborne Mo.