

JUN 17 1936

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

Do not use this space.

18672

1. PLACE OF DEATH

County Ruchanan, Registration District No. 85
Township _____ Primary Registration District No. 7
City St. Joseph, (No. Missouri Methodist Hospital St. _____ Ward _____)

File No. _____
Registered No. 762

2. FULL NAME Marion Francis Summa

(a) Residence, No. _____ St. _____ Ward Gentry, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1856
7. AGE YEARS 80 MONTHS 2 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm,
10. Date deceased last worked at this occupation (month and year) July 1935 11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co., Missouri,

FATHER 13. NAME Frederick Summa,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER 15. MAIDEN NAME Highley Long,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

17. INFORMANT Mrs. M. F. Summa
(ADDRESS) Gentry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gentry, Mo. DATE June 1, 1936

19. UNDERTAKER Heaton, Belcher, Bowman
(ADDRESS) 319 So. 10th. St. Funeral Home

20. FILED June 1, 1936 Registrar W. H. Westhus

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1936
22. I HEREBY CERTIFY, That I attended deceased from 5/4, 1936, to 5/30, 1936.
I last saw him alive on 5/30, 1936. Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:

Heart disease, arteriosclerosis
hypertrophic prostate
Date of onset _____
Other contributory causes of importance: _____

Name of operation Prostatectomy Date of operation 5/25/36
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 _____, 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) Charles Greenberg, M. D.
(Address) 214 N. 1st St. St. Joseph, Mo.

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.

