

SEP 15 1937

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

Do not use this space.

30313

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape Girardeau Primary Registration District No. 3009
City Cape Girardeau (No. _____) St. _____ Ward _____

File No. _____

Registered No. 241

2. FULL NAME

John Wm Summers
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
85 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) near Gordonville Mo.13. NAME John Wm Summers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Elizabeth Ramsey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mrs Mary Summers (ADDRESS) RFD #2 Cape Girardeau, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Cape Creek Cem DATE Aug 6 193719. UNDERTAKER Brother William Allen (ADDRESS) Gordonville, Mo20. FILED 8 14 1937 8:30 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 4, 193722. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 4, 1937I last saw him alive on Aug 3, 1937. Death is said to have occurred on the date stated above at 11:30 a m.

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

Lobar Pneumonia Date of onset _____
Sept

Other contributory causes of importance:

Senility

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? no 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) W. A. Ashley, M. D.(Address) Cape Girardeau, 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.

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