

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.

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

Do not use this space.

JAN 17 1938

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kan

Primary Registration District No. 1002

City Kansas City (No. KC Gen Hosp)

44315

File No. 5218

Registered No. _____

St. _____ Ward _____

2. FULL NAME Elijah Summers

(a) Residence, No. 1186 Harrison, Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 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 m

4. COLOR OR RACE w.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1877

7. AGE

YEARS 61

MONTHS 9

DAYS 4

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 263

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-10 1937 to 12-24 1937

I last saw him alive on 12-24 1937 Death is said

to have occurred on the date stated above, at 8:50 a.m.

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

Hypertensive Heart Disease

95 B

Other contributory causes of importance:

Bronchopneumonia

Date of onset

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

FATHER

13. NAME W.G. Summers

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

MOTHER

15. MAIDEN NAME Catherine Patten

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

17. INFORMANT Reena Clark

(ADDRESS) KC Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL

Funeral Home Dec 27-31

19. UNDERTAKER

(ADDRESS) Dec 26-31 M.M. Brown

20. FILED

Dec 26 31 M.M. Brown

Registrar.

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 _____, 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) G.F. De Maria M.D., M. D.

(Address) Dept KC Gen Hosp KC Mo

