

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Clay

Township Platte

City Smithville

Registration District No. 203

Primary Registration District No. 4122

File No. 18035

Registered No. 10

Ward

2. FULL NAME Richard Eugene Summers

(a) Residence, No. 562 St. 562 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

7

20

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

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) Smithville, Mo.  
(STATE OR COUNTRY)

13. NAME Gilbert Summers

14. BIRTHPLACE (CITY OR TOWN) Clay County, Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Louise Asher

16. BIRTHPLACE (CITY OR TOWN) Clay County, Mo.  
(STATE OR COUNTRY)

17. INFORMANT Maynard Asher  
(ADDRESS) Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE IOOF Cem Smithville May 17 1938

19. UNDERTAKER McComas Montuary  
(ADDRESS) Smithville, Mo.

20. FILED 5/17 1938 E. C. Hill  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938

I HEREBY CERTIFY, That I attended deceased from May 7 1938, to May 16 1938  
I last saw him alive on May 16 1938. Death is said

to have occurred on the date stated above, at 26 m.  
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Date of onset

Other contributory causes of importance:

Measles

Name of operation Exan Date of 7/6

What test confirmed diagnosis Exan Was there an autopsy? 7/6

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 7/6 Date of injury 7/6, 1938

Where did injury occur? 7/6  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 7/6  
Nature of injury 7/6

24. Was disease or injury in any way related to occupation of deceased? 7/6  
If so, specify 7/6

(Signed) E. C. Hill, M. D.

184 (Address) Smithville Mo

24  
8  
C  
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.

