WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D MAY 16 1939

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

Do not use this space.

3

6

1. PLACE OF DEATH
County Barton
Township Lamar
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 40
Primary Registration District No. 5058

File No. 14157
Registered No. 16

2. FULL NAME 56 J. John William 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 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 10. 1897

7. AGE: YEARS 41 | MONTHS 4 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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): Barton County Mo.

FATHER
13. NAME: T. E. Summers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Laura J. Nunns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): T E Summers Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lake Cemetery DATE: May 2nd 1939

19. UNDERTAKER (ADDRESS): C. F. Konantz Lamar, Mo.

20. FILED: May 2 1939 Mrs. Josephine Myratt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:45 P.m.
The principal cause of death and related causes of importance were as follows:
= 1½ miles West of Lamar Mo.
Was killed at Frisco Crossing on highway 160 by South Bound Florida Special at 9:40 pm. Train Ran over car in which he was riding
Skull and chest crushed = Right arm cut off at shoulder - Rt leg cut and broken below knee
Date of onset: 20 [illegible]
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? ..... 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) C. E. Duckett, M. D.
(Address) Lamar Mo.
Coroner Barton Co. Mo.

RECEIVED
District Health Officer No. 6,
District File Number 6-5-39-956
Date Filed MAY 9 1939