

3654 JUL 15 1937

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

Do not use this space.

22095

1. PLACE OF DEATH

County Greene
Township Higgins
City Shawnee (No. 541)

Registration District No. 309
Primary Registration District No. 5428

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 16 - 1937</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>9</u>	DAYS <u>0</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Higgins TWP

13. NAME Herbert Summa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Shawnee MO

15. MAIDEN NAME Elada Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Higgins MO

17. INFORMANT Herbert Summa
(ADDRESS) Shawnee MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE 6/18/37

19. UNDERTAKER Edward A. Phillips
(ADDRESS) Shawnee MO

20. FILED 6/17/37 W. T. Martin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1937

I HEREBY CERTIFY, that I attended deceased from June 16, 1937 to June 16, 1937
I last saw him alive on June 1, 1937 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Accidental drowning in log. stone pit.
Other contributory causes of importance: 182

Name of operation _____ Date of _____

What test confirmed diagnosis? Physi Was there an autopsy? no

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 H. Williamson M. D.

(Address) Shawnee MO

739-789
JUL 11 1939