

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.

See also 2053-40 *am J*

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

39320
Do not use this space.

1. PLACE OF DEATH
 (a) County J. Clark Registration District No. 189
 (b) Township Clay Primary Registration District No. 5263 Registered No. _____
 (c) City St. Paul (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hogden Ligon Summitt
 (a) Residence, No. _____ St. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>44</u>	<u>11</u>	<u>10</u>	

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

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

10. Date deceased last worked at this occupation (month and year) Dec 2-39 11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME Hogden Summitt

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

MOTHER

15. MAIDEN NAME Cynthia Ligon

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

17. INFORMANT (ADDRESS) Rupert Summitt

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton DATE 12-5-39

19. FUNERAL DIRECTOR (ADDRESS) W. D. Kelly

20. FILED Dec 4 1939 D. F. A. S. Rebo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1939, to Dec 3 1939
 I last saw him alive on dead Dec 3 1939. Death is said to have occurred on the date stated above, at 8 a m.
 The principal cause of death and related causes of importance were as follows:
committed suicide by shooting self with a double barrel shot gun in stomach was a soldier been sick for long time
 Other contributory causes of importance: has been sick for long time

Name of operation _____ Date of _____
 What test confirmed diagnosis? 161 Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury Dec 3 1939
 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 in home
 Nature of injury gun shot in stomach

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify had been sick for months
 (Signed) F. A. S. Rebo, M. D.
 (Address) Alfanchria Mo!

RECEIVED

District Health Officer No. 10

District No. 12-39-2158

Date Filed DEC 11 1939

STATEMENT BY LICENSED EMBALMER

I, W. D. Kelly, Licensed Embalmer No. 1965

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. D. Kelly

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39320
Do not use this space.

1. PLACE OF DEATH *Clark*
 (a) County *Clark* Registration District No. *189*
 (b) Township *clay* Primary Registration District No. *3278-* Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Hogden Ligon Burnett ?*
 (a) Residence, No. St. (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 *S*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec-23-1894*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 11 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED *Jan 13 1939* *Dr. F. E. S. ...*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 3 1939*

22. I HEREBY CERTIFY, That I attended deceased from to, 19...
 I last saw h. alive on, 19... Death is said to have occurred on the date recited above, at m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Other contributory causes of importance:
 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) *F. A. S. Ross* , M. D.
 (Address) *Alexandria Mo*

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

