14
1
0

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.

FILED MAR 7 - 1940

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

Do not use this space.

1. PLACE OF DEATH
County Wright — Registration District No. 906 [illegible] — File No. 8567
Township Bowie — Primary Registration District No. 6224 — Registered No.
City Hartville (No. ..... St. ..... Ward)

2. FULL NAME 562 Dan Summers
(a) Residence, No. Hartville, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: YEARS 80+ MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY): — Indiana
FATHER
13. NAME —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — 9
MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): — 9
17. INFORMANT (ADDRESS): Frank Henslee, Hartville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill Cem DATE Feb 9, 1940
19. UNDERTAKER (ADDRESS): Gene E. Holdren, Hartville Mo
20. FILED Feb. 28, 1940 Ella Clayton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 8, 1940
22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1940, to Feb 8, 1940
I last saw him alive on Feb 6, 1940 Death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 6 1940

Other contributory causes of importance: 10 5

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) J. R. Mott, M. D.
(Address) Hartville Mo.