

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

Do not use this space.

14690

1. PLACE OF DEATH

County Jackson
Township Raw
City Warsaw City

Registration District No. **399**
Primary Registration District No. 1002

File No.
Registered No. 1735
St. Ward)

2. FULL NAME

Charles H. Summerson

(a) Residence. No. 323 Garfield St. 9 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired contractor
(b) General nature of industry, business, or establishment in which employed (or employer) + Builder
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

10. NAME OF FATHER Francis Summerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Nicholas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Miss Katherine Summerson
(Address) 323 Garfield

15. FILED 4/18 29 M. Th. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1929

17. I HEREBY CERTIFY, That I attended deceased from mid 1929 to Apr 10 1929, that I last saw him alive on Apr 10 1929, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchitis 1321

CONTRIBUTORY (SECONDARY) Chronic Nephroses
unknown to me

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo F. Manuel, M. D.

April 19 29 (Address) 900 Realk Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Washington DATE OF BURIAL April 3 1929

20. UNDERTAKER A. H. Newmeyer ADDRESS San A. C. Mo

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.

900 Rialto Bldg.
M. 5172.
12:30 - 3.