

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

REC'D JUN 23 1938

19273

**1. PLACE OF DEATH**

County Putnam  
Township Unionville  
City Unionville

Registration District No. 718  
Primary Registration District No. 6430

File No. ....  
Registered No. 22 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)

James Donald Summers

562

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

|  |                              |   |
|--|------------------------------|---|
| 3. SEX<br><u>M</u>   | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>✓</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>✓</u> |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13-1937</u>             |                              |   |
| 7. AGE   | YEARS                        | MONTHS  |
|  | <u>1</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> |
|            | 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>0</u> |
|            | 11. Total time (years) spent in this occupation   | <u>0</u> |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville Mo

13. NAME Noel Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unionville Mo

15. MAIDEN NAME Lara Christy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Mo

17. INFORMANT (ADDRESS) Noel Summers Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE June 1 1938

19. UNDERTAKER (ADDRESS) F. O. Instable & Son Unionville Mo

20. FILED May 31 1938 F. W. Bellum Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1938

22. ALLEN HERRY FERTLEY, M.D., attended deceased from May 31 1938 to May 31 1938

I last saw deceased alive on May 31 1938, 19... Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Other contributory causes of importance: 9

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? no

If so, specify..... (Signed) F. W. Bellum M. D. (Address) 645

1072

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Putnam  
Township \_\_\_\_\_  
City \_\_\_\_\_

Registration District No. 715  
Primary Registration District No. 6430

File No. 19273  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James R. Summers  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (w the word) s-

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1928

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the \_\_\_\_\_ above, at \_\_\_\_\_ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

Progressive Pneumonia  
(when being coughed & expectorated)  
Date of onset 4-35-

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 \_\_\_\_\_

Other contributory causes of importance: 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) \_\_\_\_\_

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury \_\_\_\_\_

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

20. FILED \_\_\_\_\_, 19\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. Hulman, M. D.  
(Address) Unionville Mo.

Registrar \_\_\_\_\_

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

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