

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

Do not use this space.

1. PLACE OF DEATH
 89 County Ray Registration District No. 744 File No. 26103
 Township Richmond Primary Registration District No. 3035 Registered No. 97
 City Ray (No. 597) St. _____ Ward _____

2. FULL NAME Monty Doyle Summers
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/25/1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Kansas City, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Marvin Summers
 14. BIRTHPLACE (CITY OR TOWN) Ray Co. Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Annie Bellis
 16. BIRTHPLACE (CITY OR TOWN) Ray Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Marvin Summers (ADDRESS) Ray Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardman Mo. DATE 8/11 1934

19. UNDERTAKER E. V. Hutcheson (ADDRESS) Ray Mo.

20. FILED 8-8, 19 34 E. E. Hay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-31-34, 1934, to _____, 1934.

I last saw him alive on _____, 1934. Death is said

to have occurred on the date stated above, at _____.

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

accidentally
drowned (in front of home)
 Date of onset 10/5

Other contributory causes of importance:

183

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? accid. Date of injury 7/31/34

Where did injury occur? Ray Mo. (specify city or town, county, and State)

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

Manner of injury Death by Drowning

Nature of injury 11

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. E. Hay

(Address) Ray Mo.

Caraker

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 15 1934

