

APR 24 1936

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

Do not use this space.

12093

1. PLACE OF DEATH

County Ray Registration District No. 740 File No. 4
Township Crooked River Twp Primary Registration District No. 5775 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Adeline Chase 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 0 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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) Nov. 22, 1926 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo13. NAME Sylvester B Chase14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo15. MAIDEN NAME Mary Ellen Kenton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo17. INFORMANT Mrs Maynard Wilson (ADDRESS) Hardin Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Co DATE Mar. 17 193619. UNDERTAKER Jno W. Kneipschild (ADDRESS) Hardin Mo20. FILED Mar 17 1936 H. Willeford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 193622. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to March 15, 1936I last saw her alive on March 10, 1936. Death is said to have occurred on the date stated above, at 2:25 p.m.

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

Mitral Stenosis Date of onset 2 yrs
Coronary Stenosis
Heart suddenly and was apparently well as usual - Had been subject to weak & fainting spells for 1 yr.

Other contributory causes of importance: Arteriosclerosis 10 yrs

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) Marion Spruiell, M. D.(Address) Hardin, Mo.

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.

