

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

Do not use this space.

37601

1. PLACE OF DEATH

County Day Registration District No. 744
Township Richard Primary Registration District No. 3035
City Richard (No. _____) St. _____ Ward _____

File No. _____
Registered No. 80
St. _____ Ward _____

2. FULL NAME

Maizon Summers
(a) Residence, No. 20 Hazel 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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Summers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 0 3

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) (STATE OR COUNTRY) Missouri

13. NAME Clara Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME No not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. May Summers
(ADDRESS) Richard MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richard MO DATE 11/14/33 19.

19. UNDERTAKER C. W. Jones
(ADDRESS) Richard MO

20. FILED 12-7 1933 C. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/12/33, 1933
22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1933, to 11-12, 1933
I last saw him alive on 11-12, 1933 Death is said to have occurred on the date stated above, at 12:50 P.M.
The principal cause of death and related causes of importance were as follows:

Acute insufficiency
chronic interstitial nephritis
Date of onset _____

Other contributory causes of importance: Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? post 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) Missiff, M. D.
(Address) Richard 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.

JAN 4 1934

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92A
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