REC'D JUL 25 1938

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

2 1 ✓

Do not use this space.

22752

1. PLACE OF DEATH
County Ray Co. Registration District No. 914
Township Grape Grove Primary Registration District No. 6235
City Hardin (No. , St. Ward)
File No.
Registered No. 14

2. FULL NAME Mattie Summers 562
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 54 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) single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March. 5: 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	9	23	

OCCUPATION
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)
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (CITY OR TOWN) Rockingham Co. (STATE OR COUNTRY) Virginia

FATHER
13. NAME Eli Summers
14. BIRTHPLACE (CITY OR TOWN) Rockingham County (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Saphia Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT John Summers
(ADDRESS) Hardin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wakenda DATE July 2 1938

19. UNDERTAKER R K Boggers
(ADDRESS) Hardin Mo.

20. FILED July 3, 1938 W E Grant Registrar.

669

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1938, to July 1, 1938

I last saw her alive on June 30, 1938. Death is said to have occurred on the date stated above, at 3:10 a. m.

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

Right Hip Fractured ~~at~~ neck of Femur 5/22/38

Other contributory causes of importance:

Light stroke Paralysis (General) 1 yr ago

Arterio Sclerosis 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) Marvin Grimes, M. D.
(Address) Hardin, 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.

100M-1 4-33

1351

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1 X12241

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

2275-2
Do not use this space.

1. PLACE OF DEATH
(a) County Ray
Registration District No.
(b) Township
Primary Registration District No.
Registered No.
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mattie Summers
(a) Residence, No. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 78 MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE , 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED , 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Fracture neck of R. Femur
Right Arm Paralysis
Other contributory causes of importance:
arterio sclerosis
18 yr.
Date of onset
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? no Date of injury 6/22, 1938
Where did injury occur? Her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Tripped on floor in home
Manner of injury By falling
Nature of injury Fractured neck of Femur
24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) Marvin M. Grimes, M. D.
(Address) Hardin Mo