

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.

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

Do not use this space.

JAN 9 1935

40432

1. PLACE OF DEATH

County Ray
Township Grady & River
City Harrison mo (No. _____)

Registration District No. 740
Primary Registration District No. 5715

File No. 17
Registered No. _____
St. _____ Ward _____

2. FULL NAME William Summers

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>widowed of Sallie Summers</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>sep - 9 - 1855</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>29</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>Tanner</u>			
	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 <u>60 yrs</u>				

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934, to Nov 26 1934
I last saw him alive on Nov 24 1934. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:
Myocarditis
131 950 191

Date of onset
3 months

Other contributory causes of importance:
Interstitial Nephritis, Probab 1 yr
Ardema - short Breilla etc

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrisonburg Virginia</u>
	13. NAME <u>Cligh Summers</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know Virginia</u>
	15. MAIDEN NAME <u>sophia Frank</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know Virginia</u>
	17. INFORMANT (ADDRESS) <u>J. P. Summers Harrison mo</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Wesleyenda Cemetery Nov. 28, 1934</u>	
19. UNDERTAKER (ADDRESS) <u>P. R. Boggers Garder mo</u>	
20. FILED <u>Nov. 27</u> 19 <u>34</u> <u>R. L. Wilford</u> Registrar.	

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? _____ 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 Dennis _____ M. D.
(Address) Harrison, mo.

