

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

Do not use this space.

20442-1

AUG 28 1936

**1. PLACE OF DEATH**

County Ray Co  
Township Winking River  
City (No. ....) St. .... Ward .....

Registration District No. 743  
Primary Registration District No. 6237

File No. ....  
Registered No. 64

**2. FULL NAME**

Rachel Summers Jawater  
(a) Residence, No. Gorm St. .... Ward .....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. Riley Jawater</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2, 1853</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>3</u>	DAYS <u>26</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>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farmer</u>	
	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) <u>Clay Co Mo.</u>		
MOTHER FATHER	13. NAME <u>Thomas Summers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Matilday Winans</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Mrs. Dale</u> (ADDRESS) <u>Excelsior Springs Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown</u> DATE <u>May 30 36</u>		
19. UNDERTAKER <u>Herbert Hoar</u> (ADDRESS) <u>Excelsior Springs Mo</u>		
FILED <u>8/10</u> 19 <u>36</u> <u>Private</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to May 28, 1936  
I last saw him alive on May 26, 1936 Death is said to have occurred on the date stated above, at 12:11 P.M.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy  
87 A. I  
Date of onset 5/25/36

Other contributory causes of importance:  
Infarction of old eye over 80 years

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) John F. Brock M. D.  
(Address) Excelsior Springs Mo

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

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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