

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

Do not use this space.

39809

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 116 No. 13th St.)

File No.

Registered No. 1490

St. _____ Ward)

2. FULL NAME

Emily M. 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 29 yrs. _____ mos. _____ da. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. R. Summers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 25, 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
89 9 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) New York.

10. NAME OF FATHER Simeon W. Harden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) N.Y.
12. MAIDEN NAME OF MOTHER Marjorie Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) N.Y.

14. INFORMANT Mrs. Mary C. Cargill
(Address) Kansas City, Mo.

15. FILE Dec 29 19 29 John J. Utz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 29, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Viewed on
Dec. 29, 1929, 19____, to _____, 19____, and that
that I last saw h. _____ alive on _____, 19____, and that
death occurred, on the date stated above, at 11:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis

CONTRIBUTORY arterio sclerosis
(SECONDARY)

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) B. W. Tadlock M. D.

12/30, 1929 (Address) St. Joseph Mo

*State the DISEASE CAUSING DEATH of in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Falls City, Nebraska

20. UNDERTAKER Walter Malickoff

DATE OF BURIAL

Dec. 30, 19 29

ADDRESS

1302 Faron St.

WRITE FAIRLY, 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.

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