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.

JUN 3 1935

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

Do not use this space.

13910

1. PLACE OF DEATH
County Pike
Township Peno
City ..... (No. ....., ... St. ..... Ward)

Registration District No. ~~684~~ 688
Primary Registration District No. 5916

File No. .....
Registered No. 11

2. FULL NAME Elizabeth Ruth Ann 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 79 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Alex Green

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany 2-1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	3	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Vincennes Indiana

FATHER
13. NAME Andrew J Summers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Phoebe Ann Davenport
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va

17. INFORMANT (ADDRESS) Mrs Ruby McMillen Frankford Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buffalo County DATE April 20 1935

19. UNDERTAKER (ADDRESS) W F Buda Louisiana Mo

20. FILED 4/17 1935 Mattie Unsell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-14-35, 19....., to 4-16-35, 19.....
I last saw her alive on 4-15-35, 19..... Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar.	4-13-35

Other contributory causes of importance:

Old age.

108

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Charles P. Leweilen, M. D.
(Address) Louisiana, Mo.