

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Shannon Registration District No. 1077 File No. 19692
Township Spring Valley Primary Registration District No. 6088 Registered No. 16
City Spring Valley (No. 113) St. Mo. Ward 5
2. FULL NAME V. Bone Summers Uriah Bone Summers
(a) Residence, No. 51 St. 51 Ward. 51
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Clementine Summers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 - 1850
7. AGE YEARS 85 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24 1936
22. I HEREBY CERTIFY, That I attended deceased from 1935, 19 , to 2/18, 1936
Last saw him alive on 2/18, 1936 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:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

appoplexy
921
Other contributory causes of importance: Age and endocarditis chronic

12. BIRTHPLACE (CITY OR TOWN) Summersville (STATE OR COUNTRY) Missouri

MOTHER
13. NAME Tom Sumner
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Nancy Melvina Pennington
16. BIRTHPLACE (CITY OR TOWN) Thomasville (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Ruessney Buckler (ADDRESS) Summersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Welsh Cemetery DATE Feb. 25 1938

19. UNDERTAKER Walter Durivann (ADDRESS) Summersville, Mo.

20. FILED 5/23 1938 J. M. Daniels Registrar

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?
If so, specify

(Signed) J. B. McDaniels, M. D.
(Address) Summersville, Missouri

