

AUG 22 1939

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

25762

Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
(b) Township Howell Primary Registration District No. 6635 Registered No. _____
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 81 yrs. 6 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Sarah Francis Summers

(a) Residence, No. West Plains, Mo. Rover Route (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Summers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4, 1858</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>6</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>1937</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Plains, Mo.</u>		
13. NAME <u>Wm Hopkins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller County, Missouri</u>		
15. MAIDEN NAME <u>Ruth Morrow</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Polk County, Missouri</u>		
17. INFORMANT <u>Thomas B. Summers</u> (ADDRESS) <u>West Plains, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Howell Valley Cem. West Plains, Mo.</u> DATE <u>July 15, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hal Thornburgh</u> <u>West Plains, Mo.</u>		
20. FILED <u>7-15</u> 1939 <u>Vida W. Simons</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1939

22. I HEREBY CERTIFY That I attended deceased from Aug. 7, 1938 to July 14, 1939
I last saw her alive on June 27, 1939 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:
Chronic Hypertension Date of onset 1931

Other contributory causes of importance:
Chronic Nephritis

Name of operation None Date of _____
What test confirms diagnosis? Examination Was it 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) Wm. R. Ralston M. D.
392 (Address) West Plains, Mo.

RECEIVED

District Health Officer No. 5.

District File Number 839 68

Date Filed 8/10/69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Hal Thornburgh, or by

Registered Apprentice No....., working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.