JUN 24 1927

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

Do not use this space.

14271

1. PLACE OF DEATH

County Buchannan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. St. Joseph's Hospital. St. Ward)

File No.

Registered No. 565

2. FULL NAME Dorothy Louise Summers.

(a) Residence. No. 515 North 9th Street. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19, 1925.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	2	1	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Victor L Summers.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Viola Cline.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wallace.
(STATE OR COUNTRY) Missouri.

14. INFORMANT Victor L. Summers.
(Address) 515 North 9th Street.

15. FILED MAY 28 1927, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1927, to May 26, 1927, that I last saw her alive on May 26, 1927, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis

Tuberculor Meningitis

24A 32A

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (SECONDARY) Malnutrition

Artificial feeding

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 515 N 9 —

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) Frank Hartigan, M.D

May 27, 1927 (Address) King Hill Bldg

*State the DISEASE CAUSING DEATH, or 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	DATE OF BURIAL
Mount Olivet Cemetery.	May 28, 1927
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union St

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.