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

Do not use this space.

36607

1. PLACE OF DEATH
County Cedar — Registration District No. 163 — File No.
Township — Primary Registration District No. 4095 — Registered No. 48
City El Dorado Springs (No. ... St. ... Ward)

2. FULL NAME Joel T. Summy
(a) Residence. No. ... St. ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Fannie B Summy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-5-1855

7. AGE: Years 74 | Months 7 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

PARENTS
10. NAME OF FATHER Hampton Summy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ills
12. MAIDEN NAME OF MOTHER Elmyra Johnston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Fannie B Summy
(Address) El Dorado Springs Mo.

15. FILED 11-17-1929 J W Davison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-17-1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1929, to Nov 17, 1929, that I last saw him alive on Nov 17, 1929, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac decompensation
131
95B
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F Martin, M. D
11/17, 1929 (Address) El Dorado Springs Mo

*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: Prairie City Mo
DATE OF BURIAL: 11/19 1929

20. UNDERTAKER: Irwin-Sidens El Dorado Springs Mo.
ADDRESS

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.

20 19 1929 2 1 2