

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

81

NOV 26 1930

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

Do not use this space.

1. PLACE OF DEATH  
County Phillips  
Township Dawson  
City..... (No.....) St..... Ward)

Registration District No. 678  
Primary Registration District No. 5905

33778  
File No.....  
Registered No.....

2. FULL NAME Therese Neoma Summary  
(a) Residence. No..... St. 8 Ward.....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5<sup>th</sup> 1910  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
19 11 13

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work.....  
(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) Dent Co. Mo.

PARENTS  
10. NAME OF FATHER Benjamin Summary  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dent Co. Mo.  
12. MAIDEN NAME OF MOTHER Bettie Spangier  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dent Co Mo.

14. INFORMANT Betty Heavin  
(Address) St. James Mo.

15. FILED 10/18 1930 Henry Walters  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug - 1930 to Oct 18, 1930 that I last saw h. alive on Oct 17, 1930, and that death occurred, on the date stated above, at 6.40 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
23A

(duration) 2 yrs. 0 mos. 1 ds.

CONTRIBUTORY (SECONDARY)

(duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical

(Signed) William St. Brewer, M. D.  
10/19/1930 (Address) St James 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 Round Pond Ametery DATE OF BURIAL Oct. 20 - 1930

20. UNDERTAKER Jonas and New York ADDRESS St. James Mo.

