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

Do not use this space.

251

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 68
City St. Joseph Mo. (No. 902 North 5th Street St. Ward)

2. FULL NAME Josephine Iva Summers
(a) Residence. No. 902 North 5th St., Ward.
(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

3. SEX: Female
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: Charles Summers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 4, 1859

7. AGE: Years 71 — Months 4 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(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): Boone, Iowa

PARENTS
10. NAME OF FATHER: La Fayette Harmon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kenton, Ohio
12. MAIDEN NAME OF MOTHER: Catherine Barnes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Little Beaver, Penn.

14. INFORMANT (Address): Charles Summers, St. Joseph, Mo.

15. FILED 1931, 19 — John G. Utz, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Viewed on ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
9 mo. h
99
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 9 2 a
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) B. W. Tadlock, Coroner, M. D.
1/19, 1931 (Address) 821 Francis

*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: Memorial Park — DATE OF BURIAL: Jan. 19 1931

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Calhoun

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD