

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.

67-5 11111

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

Do not use this space.

18612

1. PLACE OF DEATH
 County Macou Registration District No. 529
 Township Monroe Primary Registration District No. 5706
 City (No.) St. Ward

2. FULL NAME John Summers
 (a) Residence, No. St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou Co, Mo

13. NAME Berry Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Nancy Buster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Chas Summers
 (ADDRESS) R R Callie mound Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Helbron DATE June 2 1931

19. UNDERTAKER Robert S. Kiebler
 (ADDRESS) Macou Mo

20. FILED 7-5 1931 Ed Strippeev
 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1931

22. I HEREBY CERTIFY That I attended deceased from May 21 1931 to May 31 1931
 I last saw him alive on May 31 1931. Death is said to have occurred on the date stated above, at 11:30 P.
 The principal cause of death and related causes of importance were as follows:
Thrombosis of the Coronary Arteries Date of onset May 29-31
94-B

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Exam Was there an autopsy? No

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) D. H. Miller, M. D.
 (Address) Salisbury Mo

