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.

DEC 21 1931

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

Do not use this space.

1. PLACE OF DEATH
County Dent — Registration District No. 997 — File No. 37287
Township Gladden — Primary Registration District No. 6238 — Registered No. 8
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Rhoda Summers
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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: Jiamer N Summers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 18 - 1860

7. AGE: 71 YEARS — MONTHS: 7 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house keeper
(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): Shannon Co. MO.

PARENTS
10. NAME OF FATHER: Amos Summers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Known
12. MAIDEN NAME OF MOTHER: Jane Aken
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

14. INFORMANT: Jack Summers
(Address): Gladden MO.

15. FILED 12/8 1931 F. M. Jadwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11 - 11 - 1931

17. I HEREBY CERTIFY, That I attended deceased from ✓ ✓, 19..., to ✓, 19..., that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 1:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy.
131
82A
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Cronic Nephritis
(duration) 2 yrs. 1 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. S. Dillon, M. D.
11/11, 1931 (Address) Salem 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: Empire Grain & Yard — DATE OF BURIAL: 11/12 1931

20. UNDERTAKER: N. D. Hobson — ADDRESS: Salem MO.