

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

Do not use this space.

1. PLACE OF DEATH

5 County Bary Registration District No. 30
 3 Township _____ Primary Registration District No. 2003
 4 City Monett (No. _____) St. _____ Ward _____

File No. 31351

Registered No. _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Summers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28, 1861</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>3</u>
	DAYS <u>26</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>935</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>80</u> <u>10</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springe Co. Illinois</u>		
MOTHER FATHER	13. NAME <u>John D. Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Justicia Buel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>J. W. Summers</u> <u>Monett Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>2097</u> DATE <u>Oct 26</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Callaway</u> <u>Monett Mo</u>		
20. FILED <u>10-26-</u> 19 <u>32</u> <u>W. M. West</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to Oct 24 1932
 I last saw her alive on Oct 22 1932 Death is said to have occurred on the date stated above, at 5:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset 3 yrs
apoplexy 1 wk
Hypertension ?

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) Ernest Mitchell, M. D.
 (Address) Monett Mo

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.

NOV 21 1932

