

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

Do not use this space.

1. PLACE OF DEATH

County Cape Co
Township London
City Mellissville P.O. (No.)

Registration District No. 124
Primary Registration District No. 5777

File No. 4955
Registered No. 49 (St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

F.

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

Ira F. Summers

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 17, 1844

7. AGE

YEARS

88

MONTHS

8

DAYS

26

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housekeeper

(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)

near Mellissville Mo.

PARENTS

10. NAME OF FATHER

William Cuddih

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Elvira Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

14. INFORMANT (Address)

C. C. Summers Mellissville Mo.

15. FILED

2-14-33

A. G. Linder

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 13 1933

17.

I HEREBY CERTIFY, That I attended deceased from Feb 12 1933 to Feb 13 1933 that I last saw her alive on Feb 12 1933, and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11/2/33

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)

None

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. G. Linder, M. D.

2-14-1933 (Address) Jacksonville

*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

Fair View Cemetery

DATE OF BURIAL

2-14-1933

20. UNDERTAKER

Cracraft & Melin

ADDRESS

Jacksonville Mo.

