

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.

MAY 22 1933

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

Do not use this space.

12418

1. PLACE OF DEATH  
 County Duchman Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1001  
 City St. Joseph (No. St. Joseph Hosp)  
 2. FULL NAME Mary E. Summers  
 (a) Residence, No. 1222 5th Ave 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>72</u>	<u>9</u>	<u>10</u>	

OCCUPATION

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

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) Golden Mo

FATHER

13. NAME John Redburn

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

MOTHER

15. MAIDEN NAME Rachel Jane Dillon

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

17. INFORMANT Walter Summers (ADDRESS) 14 Smith St

18. BURIAL, CREMATION, OR REMOVAL PLACE Caly Cem to DATE 4-27-33

19. UNDERTAKER (ADDRESS) Fleesman Funeral Home  
19-26 E. 11th St

20. FILED 4-17-33 1933  
John R. Bendure  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1933, to April 5, 1933  
 I last saw her alive on April 5, 1933 Death is said to have occurred on the date stated above, at 12:08 pm.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Gall-bladder  
466  
12773 466  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Cholecystectomy Date of 3-28-33  
 What test confirmed diagnosis? Autopsy 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) H. W. Kearly, M. D.  
 (Address) St. Joseph Mo.

