

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

Do not use this space.

22686

1. PLACE OF DEATH

27
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County Cooper Registration District No. 222 File No. 11
Township Pilot Grove Primary Registration District No. 4135 Registered No. _____
City Pilot Grove (No. _____) St. _____ Ward _____

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Pauline Summers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-27-1870</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>6</u>
	DAYS <u>22</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>Farmer</u>	
	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) <u>May 1st 1933</u>	
11. Total time (years) spent in this occupation <u>50 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
MOTHER	13. NAME <u>Henry Summers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Wilhelmina Daddler</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannover Germany</u>		
17. INFORMANT (ADDRESS) <u>Sergeant Summers Pilot Grove Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Joseph Cem</u> DATE <u>July 21 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Ways & Stockman Pilot Grove Mo</u>		
20. FILED <u>July 23 1933</u> S. B. McP... Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1933

22. I HEREBY CERTIFY That I attended deceased from June 1 1932, to July 19 1933
I last saw him alive on July 18 1933 Death is said to have occurred on the date stated above, at 8:40 m.
The principal cause of death and related causes of importance were as follows:
Aortic and Mitral Insufficiency
Coronary Artery Sclerosis
Prostate
Other contributory causes of importance:
510
92A

Name of operation no Date of _____
What test confirmed diagnosis? Was examined on Hospital Committee 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? _____
If so, specify Charles Squire M. D.
(Signed) Pilot Grove Mo
(Address) _____

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. AUG 23 1933

