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.

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 390 — File No. 16890
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Gen. X. 21 St. 2250 Ward)

2. FULL NAME Zillie Mitchell Summers
(a) Residence, No. 1810 Cherry St. 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 Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Butler Summers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS about 54 years MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook
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) Texas

FATHER
13. NAME Hense Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Margarett Ricks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Buttley Summers 1810 Cherry St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 5/22/34
19. UNDERTAKER (ADDRESS) H. B. Moore 1820 E. 18 St.
20. FILED May 21, 1934 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15/34, 19
22. I HEREBY CERTIFY That I attended deceased from Sept. Corona, 19..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Antipulmonary edema	

Other contributory causes of importance:

Name of operation no Autopsy Date of ...
What test confirmed diagnosis? Was there an autopsy? yes

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) [signature], M. D.
(Address)