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 29 1934

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

Do not use this space.

1. PLACE OF DEATH
89 County Ray — Registration District No. 740 — File No. 317806
2 Township — Primary Registration District No. 4114 — Registered No.
3 City Hardin (No. ..... St. ..... Ward)

2. FULL NAME Emma L Summers
(a) Residence, No. Hardin St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 45 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF E. M. Summers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1864

7. AGE: YEARS 69 — MONTHS 10 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) 1930
11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Wesley Bishop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Elizabeth Hipshine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) E M Summers Hardin Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Hardin Cem DATE May 16 1934

19. UNDERTAKER (ADDRESS) Jno W. Knipschild Hardin Mo

20. FILED May 16th 1934 R L Willeford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934, to May 14, 1934
I last saw her alive on Feb 1, 1934 Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

Paralysis — Date of onset 5/14/34
Died Suddenly - Had 3 or 4 strokes of Paralysis (Hemiplegia) Left side. 1st stroke in 1914 and has been an Invalid since -

Other contributory causes of importance:
Arterio-Sclerosis — 20 yrs.

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? No
If so, specify .....
(Signed) Marvin Grimes, M. D.
(Address) Hardin, Mo.

APR 29 1957