

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Montgomery
City Montgomery (No. St. Ward)

Registration District No. 592
Primary Registration District No. 4300

File No. 25633
Registered No. 23

2. FULL NAME

(a) Residence No. James Pope Summers 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25th 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Pike Co., Mo.

MOTHER 13. NAME Robert Summers

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

15. MAIDEN NAME Margaret Pope

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

17. INFORMANT James Elmer (ADDRESS) Beeflower Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Burial DATE 7/23 1934

19. UNDERTAKER (ADDRESS) W. W. Taylor

20. FILED July 23 1934 Beaulieu Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 1932 to July 22 1934
I last saw h. c. in alive on July 24 1934 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:
Hemicrania (Cerebral) Date of onset
apoplexy
82
510
Other contributory causes of importance:
gall

Name of operation Date of
What test confirmed diagnosis? Chinid 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
(Signed) B. W. Taylor M. D.
(Address) Montgomery City Mo.

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 14 1934

