FEB 17 1936

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

Do not use this space.

267

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St. Joseph (No. Sisters Hospital St. Ward)

File No.:
Registered No.: 66

2. FULL NAME: Nadine Elizabeth Summers
(a) Residence, No.: 213 W. Hyde Park Ave. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10, 1936

7. AGE: YEARS 0 — MONTHS 0 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): St. Joseph Missouri

FATHER
13. NAME: James Summers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co. Missouri

MOTHER
15. MAIDEN NAME: Alberta Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rulo Nebraska

17. INFORMANT (ADDRESS): James Summers 213 W. Hyde Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sparta Cemetery DATE: Jan. 18, 1936

19. UNDERTAKER (ADDRESS): Clark Mortuary 3025 King Hill Ave.

20. FILED 1-17-, 19 36 John R. Bowden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 16, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1936, to Jan. 16, 1936
I last saw her alive on Jan. 16, 1936. Death is said to have occurred on the date stated above, at 11:30 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity

Other contributory causes of importance:

Name of operation: None Date of
What test confirmed diagnosis? None 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? No
If so, specify: No
(Signed) W. Roger Meade, M. D.
(Address) St. Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD