

MAY 20 1936

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

Do not use this space.

14678

## 1. PLACE OF DEATH

County.....Dent..... Registration District No.....266  
Township.....Watkins..... Primary Registration District No.....5-378  
City.....(No.....)..... St..... Ward.....

## 2. FULL NAME

Mrs. Jesten Belle Summers

(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 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Davis Co  
(STATE OR COUNTRY) Ind

FATHER 13. NAME John Goldsmith

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

MOTHER 15. MAIDEN NAME Mary E. Bowers

16. BIRTHPLACE (CITY OR TOWN) ---  
(STATE OR COUNTRY) Ind

17. INFORMANT J. W. Summers  
(ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Blackwell Cem DATE 5/1/36 19.....

19. UNDERTAKER Carl K. Spencer  
(ADDRESS) Salem Mo

20. FILED 4/30/1936 W. C. Kudd, Jr., M.D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/30/36 19.....

22. I HEREBY CERTIFY, That I attended deceased ~~deceased~~  
On April 28, 1936, to....., 19.....

I last saw h. ex. alive on Apr 28, 1936. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset Apr. 26 1936  
preexisting "flu" 59

Other contributory causes of importance:

Diabetic Mellitus 6 or 8  
Similar year

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?

If so, specify.....

(Signed) J. D. Kudd, M. D.(Address) Salem Mo

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.

