

Dr. Motley
FEB 17 1937

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

Do not use this space.

2223

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 5928
City Hannibal (No. 2) St. 1 Ward

File No. _____

Registered No. 17

2. FULL NAME

(a) Residence, No. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Lewis Summy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 3 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23.5

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

13. NAME Wm Gott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I don't know

15. MAIDEN NAME Elizabeth Pettibond

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

17. INFORMANT (ADDRESS) Lewis Summy

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Cemetery DATE Jan. 14, 1937

19. UNDERTAKER (ADDRESS) Wm T. Schwardt

20. FILED Jan 15, 1937 W C Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 12, 1937 to _____, 19____. I last saw her alive on Jan. 12, 1937. Death is said to have occurred on the date stated above, at 9:45 P.M.

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

Arterio Sclerosis

Date of onset _____

Other contributory causes of importance: Functional Heart Disease

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) E. R. Motley, M. D.

(Address) Hannibal, Mo.

9581

3 months Quarf

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. 547
Primary Registration District No. 5938

File No.
Registered No.

2. FULL NAME Mary Ella Summy

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 20

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 19... E. M. Pueler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last met ... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

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

Arteriosclerosis Date of onset

Other contributory causes of importance:

Functional Heart Disease
Myocarditis

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) C. R. Motley, M. D.

(Address) Warrensburg Mo

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