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.

MAR 18 1937

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

Do not use this space.

11735

1. PLACE OF DEATH 37

County DeKalb — Registration District No. 263 — File No. 23

Township Adams — Primary Registration District No. 4162 — Registered No. 2

City Weatherby Mo. (No. ..... St. ..... Ward)

2. FULL NAME Joseph Roy Summers

(a) Residence, No. Weatherby Mo. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6 1897

7. AGE: YEARS 39 — MONTHS 2 — DAYS — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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.

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 George Summers

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

MOTHER

15. MAIDEN NAME Laura Clark

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

17. INFORMANT (ADDRESS) Odessa F. Summers

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Shambaugh Cem. DATE 3/8/37 19

19. UNDERTAKER (ADDRESS) U. G. Pilcher Maysville, Missouri.

20. FILED Mar. 10 1937 James Fitzgerald Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937, to March 6, 1937

I last saw him alive on March 5, 1937. Death is said to have occurred on the date stated above, at 7:30A.m.

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

Pulmonary Tuberculosis — Date of onset 1920

23

Other contributory causes of importance: none

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? No 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) Earl A. Martin, M. D.

(Address) Maysville, Missouri

NOV 1 1949

MAY 8 1953

MAR 28 1953