

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

Do not use this space.

**JUN 17 1937**

10489

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. Sacred Heart Convent)

File No. \_\_\_\_\_  
Registered No. 580  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Ann Summers

(a) Residence, No. Sacred Heart Convent, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 17 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 9 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Order Sacred Heart  
10. Date deceased last worked at this occupation (month and year) May 1937 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeport Illinois

FATHER 13. NAME Lawrence Summers

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

MOTHER 15. MAIDEN NAME Bridget Dwyer

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

17. INFORMANT Records Sacred Heart Convent  
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.  
PLACE St. Joseph, Mo. DATE May 18 1937

19. UNDERTAKER H.O. Sidenfaden and Son  
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED May 18 1937 A.J. Neel Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 to May 16 1937

I last saw her alive on May 12 1937 Death is said to have occurred on the date stated above, at 11:20 A.M.

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

Heart Disease  
hypertension  
arteriosclerosis  
131

Date of onset  
YEARS

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? Yes

If so, specify \_\_\_\_\_ (Signed) John J. Boone, 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.

