

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 556-15 File No. 24292
 Township Ravanna Primary Registration District No. 43995-15 Registered No. 45
 City _____ No. _____ St. _____ Ward _____

JUL 3 0 1937

2. FULL NAME

Jefferson Lafayette Summers
 (a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (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.

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 Maria G. Summers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-24-1958

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Linville, Iowa

13. NAME William M. Summers

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

15. MAIDEN NAME Catherine Bryant

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

17. INFORMANT Joe R. Shilt (ADDRESS) Newtown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown Mo. DATE 6-15 1937

19. UNDERTAKER W. H. Reed (ADDRESS) Newtown, Mo.

20. FILED 6/14 1937 J. M. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1922 to June 13, 1937
 I last saw him alive on June 11, 1937 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Chronic Arteriosclerosis Date of onset 9/22/22
Chronic Myocarditis Date of onset 1917
 Other contributory causes of importance: ASC

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys sign 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? No

If so, specify _____ (Signed) L. W. Withaper, M. D.
 (Address) Newtown 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.

