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

Do not use this space.

SEP 27 1937

1. PLACE OF DEATH
County: Scott
Township: Moreland
City: Near Benton (No. ..... St. ..... Ward)

Registration District No.: 814
Primary Registration District No.: 0063

File No.: 31945
Registered No.:

2. FULL NAME: James 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): — 1859

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dont Know
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): Dont Know

FATHER
13. NAME: ✓✓ ✓✓
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓✓ ✓✓

MOTHER
15. MAIDEN NAME: ✓✓ ✓✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓✓ ✓✓

17. INFORMANT: John Spalding
(ADDRESS) Benton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Cem DATE 8, 24, 1937

19. UNDERTAKER: John Spaulding,
(ADDRESS)

20. FILED 8, 27, 1937. U. P. Hays
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1937, to 8-23, 1937
I last saw ~~alive on~~ ——, 19..... Death is said to have occurred on the date stated above, at 3:30 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart trouble	
Dropsy of Heart	

Other contributory causes of importance:
Senility 90

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? No
If so, specify .....
(Signed) John F. Hunnicut Jr. M.D.
(Address) Coroner, Scott Co
Blodgett, 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.