

JAN 18 1938

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

Do not use this space.

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45256

1. PLACE OF DEATH

County Hunklin  
Township  
City Malden (No. ....)

Registration District No. 289  
Primary Registration District No. 4173

File No. ....  
Registered No. 69 St. .... Ward)

2. FULL NAME Unda Nandalee Summers

(a) Residence, No. .... 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
2 9 28

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) Malden Mo (STATE OR COUNTRY)

13. NAME Raymond Summers

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

15. MAIDEN NAME Aazel Mosley

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

17. INFORMANT Raymond Summers (ADDRESS) Malden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Gilead DATE Jan. 1 1938

19. UNDERTAKER W. L. Craig (ADDRESS) Malden Mo

20. FILED 1-1 1938 S. B. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31st 1937, to Dec. 31st 1937  
I last saw her alive on Dec. 31st 1937. Death is said to have occurred on the date stated above, at 7:50 P.M.  
The principal cause of death and related causes of importance were as follows:

Laryngeal diphtheria Date of onset 12/27/37

Other contributory causes of importance:  
10

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) John D. Van Cleave M. D.  
(Address) Malden 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.

