

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City K. C. Mo. (No. Research Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1442  
Registered No. 130  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Delpha Summerskill 57.2

(a) Residence, No. Sedalia, 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 Female 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 Thomas Summerskill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1890  
7. AGE YEARS 47 MONTHS 10 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.  
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) Dresden, Mo.

13. NAME Edward Yokley

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

15. MAIDEN NAME June Etta Smith

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

17. INFORMANT Thomas Summerskill  
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knobnoster, Mo DATE Jan 10, 1938

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood

20. FILED Jan 10, 1938 M. M. Brown  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1938, to 1-9, 1938.  
I last saw her alive on 1-9, 1938. Death is said to have occurred on the date stated above, at 3:30 m. am  
The principal cause of death and related causes of importance were as follows:

Menengitis  
meningococci type VII  
108

Other contributory causes of importance:

middle ear infection  
with meningitis, lobar  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Infra Red 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 Smolden Black, M. D.  
(Signed) \_\_\_\_\_  
(Address) 924 Prof Bldg  
ccmo

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.

RECEIVED

FEB 1 1937

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