

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.

REC- APR 1 8 1938

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

Do not use this space.

10338

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124 File No. _____
Township St. Francis Primary Registration District No. 3009 Registered No. 87
City St. Francis Hoop (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Correllis Summers 562

(a) Residence, No. Portageville, Mo. Ward. Portageville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nelson Summers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25-1887</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>House wife</u>	11. Total time (years) spent in this occupation <u>32</u>
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Remained Co Mo.</u>		
FATHER	13. NAME <u>Daughters</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doni Know</u>	
	15. MAIDEN NAME <u>Min Rebecca Cherry</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doni Know</u>	
	17. INFORMANT (ADDRESS) <u>Nelson Summers Portageville, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portageville</u> DATE <u>March 14 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Deavers & Eaton Cape Girardeau, Mo.</u>		
20. FILED <u>3-17-38</u> <u>J. M. Thompson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1938, to March 12, 1938
I last saw her alive on March 11, 1938. Death is said to have occurred on the date stated above, at 8-6 a.m.
The principal cause of death and related causes of importance were as follows:
Leptospirosis
Pneumonia
Septicemia
Dist. e. otitis
Date of onset _____

Other contributory causes of importance:
Infection upper respiratory
Dist. e. otitis

Name of operation Inguinal hernia Date of March 10
What test confirmed diagnosis? Lab. 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? _____
If so, specify _____
(Signed) Carl W. Summers, M. D.
(Address) Cape Girardeau

