

REC'D SEP 9 1938

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

Do not use this space.

29484

1. PLACE OF DEATH

County Mexia  
Township Panama  
City                      (No.                     )

Registration District No. 556  
Primary Registration District No. 5751

File No.                       
Registered No. 42 (Ward)                      St.                      Ward)                     

2. FULL NAME Willie S. 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>                    </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/12/1859</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>8</u>	DAYS <u>2</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>		
10. Date deceased last worked at this occupation (month and year) <u>                    </u>		11. Total time (years) spent in this occupation <u>                    </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
MOTHER FATHER	13. NAME <u>George Seaton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Lois Beck</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs Joe Shultz</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newtown</u> DATE <u>Aug 16, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>                    </u>		
20. FILED <u>Aug 15, 1938</u> <u>                    </u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 4, 1924 to Aug 14, 1938  
I last saw her alive on Aug 14, 1938 Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:  
Chronic Valvular Heart Disease - mitral regurgitation  
121

Other contributory causes of importance:  
Chronic Interstitial Nephritis  
114-35

Name of operation no op Date of                     

What test confirmed diagnosis? phys 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 C. W. Wheeler (Signed)                     , M. D.  
114-35 (Address) Newtown MO

WHITE PLAINLY, WITH UNFADING INK. PRINTING IS AN ENHANCEMENT. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

