

89  
 MAR 9 1939

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

7617  
 Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 743  
 (b) Township Fishing River Primary Registration District No. 6237 Registered No. 2  
 (c) City Country R. F. D. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William David Summers  
 (a) Residence, No. \_\_\_\_\_ Country \_\_\_\_\_ St. \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Elizabeth Emaline Summers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 10 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation All life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Country Mo.

FATHER 13. NAME Thomas Summers

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

MOTHER 15. MAIDEN NAME Rachel Mc Guire

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

17. INFORMANT (ADDRESS) Elizabeth Summers

18. BURIAL, CREMATION, OR REMOVAL PLACE Orrick Mo.  
Enon Cemet. DATE Feb. 5, 1939

19. FUNERAL DIRECTOR (ADDRESS) C. V. Gibson + Son  
Orrick Mo.

20. FILED Feb 5, 1939 All Campbell, M.D.  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1939.

22. I HEREBY CERTIFY That I attended deceased from Feb. 3, 1939 to Feb. 3, 1939  
 I last saw him alive on Feb. 3, 1939 Death is said to have occurred on the date stated above, at 9:20 P. M.  
 The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis Date of onset Don't know  
94%

Other contributory causes of importance:  
3 weeks previous had Influenza cold. Had no physician.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury X, 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. Grace, M.D.  
778 (Address) 64 Ellison Springs Mo.

STATEMENT BY LICENSED EMBALMER

I, C. V. Ybarra, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by E. C. Gibson, Registered Apprentice No. 151  
working under my personal supervision.

Signed C. V. Ybarra  
Licensed Embalmer No. 2299

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)