

REC'D JUN 8 1939

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

19507

Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Waverly Primary Registration District No. 3933 Registered No. _____
 (c) City Louisiana (d) Street No. Pike Co Hospital 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

MARGARET SUMMERS
 (a) Residence, No. Waverly, Mich. R. 5 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1918

7. AGE YEARS MONTHS DAYS If less than 1 day, hrs. or min.
22 7 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Wmpe
 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) Webb City, Mo

13. NAME Edward Miss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dand Co, Tex

15. MAIDEN NAME Cather Handrum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stark Lake City, Ark

17. INFORMANT (NAME) (ADDRESS) Miss Record Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fontias Mich 6/1 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. H. H. Mo

20. FILED 5/29 39 W. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-39

22. I HEREBY CERTIFY, That I attended deceased from 5-27-39 to 5-27-39, 1939

I last saw her alive on 5-27, 1939. Death is said to have occurred on the date stated above, at 11:58 a.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Edema
Shock

Date of onset

5/27/39

Other contributory causes of importance:
from crushing blow to chest in auto accident

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? _____ Date of injury _____, 1939

Where did injury occur? on hwy 36 near Summers Hill Illinois (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 Head & Chest injuries

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Porter Durbin Coan

(Address) Pauling Green Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

19507
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689
 (b) Township Primary Registration District No. 3033 Registered No.
 (c) City Louisa (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 Margaret Summers

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 7 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Porter Turpin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27 1950

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema
Stroke, Collision w/
Parallel Motor Vehicle
 Other contributory causes of importance:
slow crushing blow to chest
in auto accident

Name of operation Date of

What test confirmed diagnosis? 2/10 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) Porter Turpin M.D.

(Address) Bowling Green Mo

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

