

REC'D AUG 9

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

Do not use this space.

1. PLACE OF DEATH

County Gentry

Registration District No. 311

File No. 25584

Township

Primary Registration District No. 5430

Registered No.

City Gentry (No.)

City Gentry (No. 4189)

St. Ward)

2. FULL NAME Ruth Elizabeth Summa

(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 Female 4. COLOR OR RACE White 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23 10 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 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) Gentry County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Earl Austin

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

MOTHER 15. MAIDEN NAME Rebecca Runyan

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

17. INFORMANT Lloyd Summa (ADDRESS) Gentry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carmack DATE July 13, 1939

19. UNDERTAKER Brooks Funeral Home (ADDRESS) Albany, Mo.

20. FILED Aug 5, 1939 E. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11-39, 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to July 11, 1939. I last saw him/her alive on July 11, 1939. Death is said to have occurred on the date stated above, at 7:30 P.

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

Neuro Sarcoma Date of onset April 1, 1939

Other contributory causes of importance:

Name of operation Laparotomy Date of April 1-1939
What test confirmed diagnosis? Pathology 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 Charles T. Williamson (Signed) Gentry, Mo. (Address)

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.

my
5

RECEIVED

District Court Office No. 111

District File No. 839-981

Date Filed AUG 7 1939

Handwritten mark or signature

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25584
Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 311
 (b) Township Gentry Primary Registration District No. 4187 Registered No. _____
 (c) City Gentry (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 Ruth Elizabeth 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1937

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 10 5

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

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 _____

metastatic carcinoma
of abdominal cavity
of the ovary
 Date of onset April 1-37
7. M.D.
Apr 1
1937

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

Other contributory causes of importance: 53

FATHER 13. NAME

Name of operation Laparotomy Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? _____ Date of injury _____, 19

17. INFORMANT (ADDRESS)

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE _____ DATE _____, 19

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS)

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

If so, specify _____

(Signed) Charles J. Williamson M.D.

(Address) Gentry Mo

20. FILED Sept 1 1937 B. Williamson
 Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Cause of death to be certified by physician. If not, 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.

S-25584 1939