

DEC'D SEP 12 1930

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

29986

Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 718
(b) Township..... Primary Registration District No. 6430
(c) City Unionville or..... (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

567-Joel B. 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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Sylvia Summers</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-18-1855</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>8</u>	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired farmer</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>Moses Summers</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Reliah Shelbap</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT (ADDRESS) <u>J. W. Summers</u> <u>Unionville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville</u> DATE <u>Aug 7, 1930</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. W. Hulse</u> <u>Unionville, Mo.</u>				
20. FILED <u>Aug 7, 1930</u> <u>J. W. Summers</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 2AM, 193022. I HEREBY CERTIFY, That I attended deceased from Several days to Aug 6, 1930I last saw him alive on July 26, 1930 Death is said to have occurred on the date stated above, at 27 m.

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

arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? no

Also, specify.....

(Signed) J. W. Hulse/ of 2 (Address) Unionville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1528

Date Filed SEP 6 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.