

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.

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

PLACE OF DEATH
County Bates
Township Darverrick Registration District No. 47 File No. 31939
or
Village _____ Primary Registration District No. 3070 Registered No. 20
or
City _____ (NO. _____ St.: _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Don Miller Cummins

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED SEPARATED <u>Single</u> (If write the word)	DATE OF DEATH <u>Sept 30</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Aug 30</u> , 191 <u>2</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Sept 30</u> , 191 <u>2</u> , to <u>Sept 30</u> , 191 <u>2</u> , that I last saw him alive on <u>Sept 26</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>11¹⁵</u> m.	
AGE <u>41</u> yrs. <u>30</u> mos. <u>30</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>158</u> <u>Quarantine</u>	
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) _____ yrs. _____ mos. <u>30</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Darverrick Township</u>			Contributory <u>Examination</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Albert D Cummins</u>		(Signed) <u>S. L. Bates</u> M. D. <u>Sept 30</u> , 191 <u>2</u> (Address) <u>Adrian Mo</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Adrian Mo</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Eula May Guord</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Socorro, New Mexico</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Albert D Cummins</u> (ADDRESS) <u>Adrian Mo</u>			PLACE OF BURIAL OR REMOVAL <u>Crosscut Hill</u>	
Filed <u>Oct 1</u> , 191 <u>2</u> , <u>D. H. W. LITTLE</u> REGISTRAR			DATE OF BURIAL <u>Oct 1</u> , 191 <u>2</u>	
			ADDRESS <u>Adrian Mo</u>	
			UNDERTAKER <u>H. S. Carr</u>	

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



ORIGINAL RECORDING IN THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Bates
Township Deer Creek
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 47 File No. 1939
Primary Registration District No. 5070 Registered No. 20

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Don Wilber Cummins

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S.

DATE OF BIRTH Aug. 30, 1912
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 30 ds. If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Deer Creek, Mo.

PARENTS
NAME OF FATHER Albert D. Cummins
BIRTHPLACE OF FATHER (City or town, State or foreign country) Adrian Mo.
MAIDEN NAME OF MOTHER Lula May George
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Locoma, New Mexico

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert D. Cummins
(ADDRESS) Adrian Mo.

Filed Oct. 1, 1912 D. H. W. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 30, 1912, to Sept. 30, 1912, that I last saw him alive on _____, 1912, and that death occurred, on the date stated above, at 11:59 m.

The CAUSE OF DEATH* was as follows:
Inanition
Malnutrition from weak digestion
never gained lost weight from birth
(Duration) _____ yrs. _____ mos. 30 ds.

Contributory Exhaustion
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) S. L. Bates M. D.
Sept. 30, 1912 (Address) Adrian Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Crescent Hill DATE OF BURIAL Oct. 1, 1912

UNDERTAKER H. L. Carr ADDRESS Adrian Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)