JUL 30 1928

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

Do not use this space.

19688

1. PLACE OF DEATH
County Vernon Registration District No. 875 File No.
Township Washington Primary Registration District No. 6162 Registered No. 144
City ~~[illegible]~~ (No. St. Ward)

2. FULL NAME J. Harry Cummins
(a) Residence. No. State Hospital #3 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. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14 / 1855

7. AGE: YEARS 72 | MONTHS 8 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 93E 110B
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY) D. K.

PARENTS
10. NAME OF FATHER Wm. Cummins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY) D. K.
12. MAIDEN NAME OF MOTHER Jane Duncan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY) D. K.

14. INFORMANT Myrtle Huntsman
(Address) Butler Mo.

15. FILED 7-2 1928 E. R. Vine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1928

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to May 23, 1928 that I last saw him alive on [illegible], 1928 and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
906
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pleural Effusion
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
2 DID AN OPERATION PRECEDE DEATH? aspirated DATE OF 5/10/28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) T. T. O'Dell, M. D
May 23, 1928 (Address) Nevada Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Union Cem Bates Co
DATE OF BURIAL: May 24 1928

20. UNDERTAKER: Frank Lee
ADDRESS: Appleton City

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.