SEP 24 1928

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

Do not use this space.

26460

File No. 934

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Mary E. Cummings,

(a) Residence. No. 1015 Faraon St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1863 (unknown)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	Unk.	Unk.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Forelady,

(b) General nature of industry, business, or establishment in which employed (or employer) Overall Factory,

(c) Name of employer R.L.McDonlad Mfg.Co.

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Owen Cummings,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ireland,

12. MAIDEN NAME OF MOTHER Ellen Winston,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ireland,

14. INFORMANT J. P. Cummings
(Address) Kansas City, Mo.

15. FILED AUG 6 1928 John G. Jeb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1928, to Aug 4, 1928, that I last saw her alive on Aug 4, 1928, and that death occurred, on the date stated above, at 7:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Sigmoid flexure of the colon
U.L.C. Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE July 9-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? telepsed and microscopical
(Signed) Chas. J. Bond M.D
Aug 4, 1928 (Address) St Joseph 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	DATE OF BURIAL
Mt. Olivet Cemetery	Aug.6th 1928

20. UNDERTAKER	ADDRESS
Neaton Bergdolt & Bowman by H. H. Kaufe	319 S.10 St. Funeral Home

[illegible]

[illegible] Co.

Ilotsko,
[illegible],
[illegible] Ettor [illegible],
[illegible],
[illegible],
[illegible] Osso [illegible],
[illegible],
[illegible],
[illegible] Co.
[illegible] Antofam,
[illegible],

[illegible] Co.

[illegible] [illegible]

[illegible] [illegible]

[illegible] [illegible]