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.

30429

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Raw — Primary Registration District No.: 1082 — Registered No.: 26376
City: Kansas City (No.: Research Hospital St.: Ward)

2. FULL NAME: Archie Calhoun Cummins

(a) Residence. No.: Near Butler Mo. St.: 2310 Chelsea Ward: (If nonresident give city or town and State)
(Usual place of abode)
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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Janey Mrs Ada Cummins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 5 1882

7. AGE: Years 46 — Months 7 — Days 29 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co Mo. Grain Valley.

PARENTS
10. NAME OF FATHER: James Winfrey Cummins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Grain Valley Mo.
12. MAIDEN NAME OF MOTHER: Dora Elizabeth Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Grain Valley Mo.

14. INFORMANT: Mrs Ada Jane Cummins
(Address): Butler Mo.

15. FILED: 9/5 28, 19 M. M. Greene Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 4 1928 Tuesday

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 8:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental Automobile Injuries - multiple fractures - skull involved (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Jackson County Mo (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Not
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Earl Gardenhire, M. D.
9/4, 1928 (Address) Deputy Coroner

*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: Elmwood Cemetery — DATE OF BURIAL: Sept 5 1928

20. UNDERTAKER: Taylor Funeral Home — ADDRESS: 1800 Linwood