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

Do not use this space.

34922

File No. 9894

Registered No.

1. PLACE OF DEATH

County

Township

City (No. 978 Davis St. City of Sedalia Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John Cummings

(a) Residence. No. 403 Cedar St., 22 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 21 1861

7. AGE: Years 66 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia

PARENTS

10. NAME OF FATHER Calvert Cummings

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

12. MAIDEN NAME OF MOTHER Marie Kelley

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

14. INFORMANT Hospital Informant
(Address) City Hospital

15. FILED OCT 8 1928, 19 Mary B. Stancoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 29 1928, to Oct 6 1928, that I last saw him alive on Oct 6 1928, and that death occurred, on the date stated above, at 12 M

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of prostate 51C 131 936

49 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. interstitial nephritis

chr. myocarditis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

10/6, 1928 (Signed) Henry C. Westerman M. D
(Address) City Hospital

*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: Oakwood

DATE OF BURIAL: Oct 9 1928

20. UNDERTAKER: Jas O. Collins

ADDRESS: 928 N. Grand

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.

PHYSICIAN MAKING THIS IS A PERMANENT RECORD

Cummings