

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

Do not use this space.

43081

PLACE OF DEATH

County Saline
Township Marshall, mo.
City Marshall, mo.

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 191
St. _____ Ward) _____

2. FULL NAME Mrs Hazel Cummins

(a) Residence. No. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife Mr. Cummins</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar. 18, 1914</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<u>15</u>	<u>8</u>	<u>27</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					

9. BIRTHPLACE (CITY OR TOWN) Marshall, mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Robt. Whittaker</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Marshall</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Yopie Wilson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>mo.</u> (STATE OR COUNTRY)

14. INFORMANT mother
(Address) Marshall mo.

15. FILED 12-28 1929 Mrs. John H. McQuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1929 to Dec 15, 1929
that I last saw h. alive on Dec 15, 1929, and that death occurred, on the date stated above, at 10:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post-Partum Hemorrhage
14413
(duration) _____ yrs. _____ mos. 6 ds.
CONTRIBUTOR (SECONDARY) 14413
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. Cummins, M. D.
1716 . 19 29 Address) Marshall 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 <u>buried, mo.</u>	DATE OF BURIAL <u>Dec 17 1929</u>
20. UNDERTAKER <u>J. L. Swanson</u>	ADDRESS <u>Marshall, mo.</u>

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.

RECORD WITH CHANGING INDEX—THIS IS A PERMANENT RECORD

JAY 27 1950