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

4000

1 PLACE OF DEATH

County: Bates

Township: Deerecreek

or

Village:

or

City: Adrian, Mo. (NO. ..... St. ..... Ward)

Registration District No. 47

Primary Registration District No. 5070

File No.

Registered No. 3

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Charles C Cummins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widow

6 DATE OF BIRTH: Oct. 30, 1855 (Month) (Day) (Year)

7 AGE: 78 yrs. 3 mos. 28 ds.

If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry business, or establishment in which employed (or employer):

9 BIRTHPLACE (City or town, State or foreign country): Ind.

PARENTS

10 NAME OF FATHER: Alexander Cummins

11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Ky.

12 MAIDEN NAME OF MOTHER: Margaret

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Penn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Cummins

(Address) Adrian Mo

15 Filed 2-21, 1930. W. W. Tuttle Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb. 21 (Month) (Day), 1930 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb. 1, 1930, to Feb. 21, 1930, that I last saw him alive on Feb. 21, 1930, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Pneumonia - Terminal following Senile - Dementia

(Duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (Secondary): Arteria - Sclerosis

(Duration) ..... yrs. ..... mos. 21 ds.

(Signed) E. E. Robinson M. D.

Feb. 21, 1930 (Address) Adrian, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~: Crescent Hill Cem. DATE OF BURIAL: Feb. 23, 1930

20 UNDERTAKER: Creath & Sigler, Fred R. Creath ADDRESS: Adrian, Mo

WRITE PLAINLY WITH FADING INK—THIS IS A PERMANENT RECORD

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.

ised United States Standard Certificate of Death

proved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of ation is very important, so that the relative ıfulness of various pursuits can be known. The on applies to each and every person, irrespective . For many occupations a single word or term first line will be sufficient, e. g., *Farmer* or r, *Physician, Compositor, Architect, Locomotive* r, *Civil engineer, Stationary fireman*, etc. But y cases, especially in industrial employments, cessary to know (*a*) the kind of work and also nature of the business or industry, and there- additional line is provided for the latter ent; it should be used only when needed. mples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Sales-* *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* aterial worked on may form part of the second ent. Never return "Laborer," "Foreman," ger," "Dealer," etc., without more precise ation, as *Day laborer, Farm laborer, Laborer—* *ine*, etc. Women at home, who are engaged duties of the household only (not paid *House-* s who receive a definite salary), may be entered *usewife, Housework*, or *At home*, and children, ainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; pneumonia* ("Pneumonia," unqualified, is in *Tuberculosis of lungs, meninges, peritonae* *Carcinoma, Sarcoma*, etc., of ..... origin; "Cancer" is less definite; avoid use of for malignant neoplasms); *Measles; Whoopi* *Chronic valvular heart disease; Chronic* *nephritis*, etc. The contributory (secondar tercurrent) affection need not be stated u portant. Example: *Measles* (disease causin *29 ds.; Bronchopneumonia* (secondary), *10 d* report mere symptoms or terminal conditic as "*Asthenia*," "Anaemia" (merely sympt "Atrophy," "Collapse," "Coma," "Conv "Debility" ("Congenital," "Senile," etc.), "I "Exhaustion," "Heart failure," "Haemo "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a disease can be ascertained as the cause. qualify all diseases resulting from childbirth carriage, as "PUERPERAL *septichaemia*," "PU *peritonitis*," etc. State cause for which surgi ation was undertaken. For VIOLENT DEAT MEANS OF INJURY and qualify as ACCIDENT CIDAL, OR HOMICIDAL, or as *probably* such, i sible to determine definitely. Examples: *A* *drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)