

NOV - 6 1930

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

Do not use this space.

33706

1. PLACE OF DEATH

County Resident Registration District No. 661  
Township Little Prairie Primary Registration District No. 0862  
City St. Louis (No. 1) St. 1 Ward

File No. \_\_\_\_\_  
Registered No. 131

2. FULL NAME

Ernie Gene Cummings  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>✓</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2-17-29</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>7</u>
		DAYS
		<u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>✓</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-5 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-5-30, 1930, to 10-5, 1930 that I last saw him alive on 10-5, 1930 and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
unknown  
diagnosis not made

200 B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 205 B (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?  
(Signed) J. B. Luten, M. D.  
1099, 1930 (Address) Caruthersville

9. BIRTHPLACE (CITY OR TOWN) MO  
(STATE OR COUNTRY)

10. NAME OF FATHER J. C. Cummings

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

12. MAIDEN NAME OF MOTHER Jene Eady

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

14. INFORMANT (Address) J. C. Cummings  
Caruthersville

15. FILED Oct. 10, 1930 Ada Martin  
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Cemetery DATE OF BURIAL 10-6 1930

20. UNDERTAKER J. B. Luten ADDRESS Caruthersville

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.

