

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

Do not use this space.

40164

1. PLACE OF DEATH

County Buchanan Registration District No. 83
Township Crawford Primary Registration District No. 5124
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME George Cummings

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF =

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 07-17-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
68 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME William Cummings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Mary Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. J. J. Hickey
(ADDRESS) 3139 Selig St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Turner Cem. DATE Dec 10 - 1931

19. UNDERTAKER Union Davis
(ADDRESS) Seaton, Mo.

20. FILED 13-9, 1931 W. S. Hull
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th 1931, to Dec. 8th 1931
I last saw him alive on Dec. 7th 1931 Death is said to have occurred on the date stated above, at 5 A. M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 12-7-31
1180
107 B

Other contributory causes of importance:
Overcome by gas from Hard coal stove Date of onset 12-5-31

Name of operation None Date of _____
What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) S. L. Buchanan, M. D.
(Address) Deaubeau Mo.

JAN 19 1932

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.

STATE OF TEXAS
COUNTY OF _____

I, _____, County Clerk of said County, do hereby certify that the foregoing is a true and correct copy of the _____ as the same appears from the _____ of said County.

Witness my hand and the seal of said County at _____ this _____ day of _____, 19____.

County Clerk

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Duchesne Registration District No. 83
 Township Crawford Primary Registration District No. 0124
 City (No. St. Ward)

2. FULL NAME George Cummings

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 30 1932 W. S. Hull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Date of onset

Obstructive pneumonia

Other contributory causes of importance:

Overcome by gas from bad coal stove, (accidental)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury , 19 .

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

SUPPLEMENTARY 178

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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