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

Do not use this space.

41746

File No. 37

Registered No.

1. PLACE OF DEATH

County PEMISCOT Registration District No. 114

Township GODAIR Primary Registration District No. 5869

City (No. , St. Ward)

DEC 2 1931

2. FULL NAME CORA CORDELIA 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: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2nd, 1895

7. AGE: Years 36 | Months 5 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Hayti (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Cullen Blais

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

MOTHER

15. MAIDEN NAME Jamimah Hubbard

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

17. INFORMANT Mrs. J.R.Roe (ADDRESS) R.F.D.# 2, Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell, Mo DATE Dec., 20th

19. UNDERTAKER (ADDRESS) Portageville, Missouri

20. FILED 12-24, 1931 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec., 19th, 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

PULMONARY TUBERCULOSIS OF THE LUNGS. INFORMATION FURNISHED BY DR. A. A. REEDER? PHYSICIAN AT PORTAGEVILLE MO. WHO DID NOT ATTEND HER BUT THE HISTORY OF THE CASE WAS RECITED TO HIM BEFORE HER DEATH.

23A

Other contributory causes of importance:

EMACIATION OF THE BODY CAUSED BY DECEASE.

23B

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) A. A. Reeder, M. D.

(Address) Portageville, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD