

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

Do not use this space.

4664

1. PLACE OF DEATH

County Jackson Registration District No. 339
 Township Wau Primary Registration District No. 100
 City Kansas City (No. Kansas City Genl Hosp) St. Mo Ward

File No. 519
 Registered No. 519

2. FULL NAME

Mary Cummings
 (a) Residence, No. 847 West 56th St., 6 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>—</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data 31</u>		
13. NAME <u>No Data</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>		
15. MAIDEN NAME <u>No Data</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>		
17. INFORMANT (ADDRESS) <u>Dr. Johnson Sickman Mills</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salvation Army 2/11/32</u>		
19. UNDERTAKER (ADDRESS) <u>H. P. Mayberry City</u>		
20. FILED <u>2/9 32 M.M. Casow</u> <u>Dr Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1932, to 2-9, 1932.
 I last saw her alive on 2-9, 1932. Death is said to have occurred on the date stated above, at 5:50 a. m.
 The principal cause of death and related causes of importance were as follows:
Semility and general Debility incident Chents.
162 162
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) P. G. Wilcox M. D.
 (Address) Subt KC Genl Hosp KC Mo

COPY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

