

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

Do not use this space.

14896

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 2000  
City St. Louis, Mo. (No. 5211a Cates)

File No.....  
Registered No. 4318  
St. .... Ward)

**2. FULL NAME** Anna T. Cummings,

(a) Residence, No. 5211a Cates St. 12 Ward. (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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1866.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home. 255  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri. (STATE OR COUNTRY) 1

13. NAME James Murphy.  
14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 15

15. MAIDEN NAME Mary Kilroy  
16. BIRTHPLACE (CITY OR TOWN) Louisiana (STATE OR COUNTRY) 2

17. INFORMANT B. Cummings (ADDRESS) 5211a Cates

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive DATE May 3, 1932

19. UNDERTAKER Boothers Hud Co (ADDRESS) 6320 St. Grand

20. FILED 111Y - 2 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30-1932.

22. I HEREBY CERTIFY, That I attended deceased from November 18<sup>th</sup> 1930 to April 30<sup>th</sup> 1932  
I last saw him alive on April 29<sup>th</sup> 1932 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma uterine Date of onset 10/18/30

Other contributory causes of importance: 48

Name of operation..... 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? no 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) J. J. Gallagher M. D.  
(Address) 302-3 1/2 Wall Bedg

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

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