

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

Do not use this space.

FEB 27-1934

1638

PLACE OF DEATH

County Platte
Township Warrensburg
City Warrensburg

Registration District No. 431
Primary Registration District No. 5388

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2928 Forest St. Kansas City Mo
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Leah Cummings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29 1909</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>5</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>not employed</u>		
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) <u>Sedalia Mo</u>
13. NAME <u>Clarence Cummings</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia Mo</u>
15. MAIDEN NAME <u>Nelle Mae Maggard</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia Mo</u>

17. INFORMANT (ADDRESS) <u>Edward M. Cummings 3725 Euclid Kansas City Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Forest Home 1934</u>
19. UNDERTAKER (ADDRESS) <u>Mrs Foresters Funeral Home Kansas City Mo</u>
20. FILED <u>Jan 2 1934</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1934
22. I HEREBY CERTIFY That I attended deceased from viewed body after death 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:
Skull fractured
Left leg crushed
Several witnesses testified
On highway 50 W of Warrensburg
12 mi
Other contributory causes of importance:
Collision

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? accident Date of injury Jan 2 1934
Where did injury occur? about 12 mi west of Warrensburg Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Highway 50
Manner of injury Automobile accident
Nature of injury fractured skull left side

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Wm R. Atkinson M. D.
(Address) Warrensburg Mo

