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

Do not use this space.

1589

File No. 455

Registered No.

FEB 19 1935

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. Trinity Lutheran Hosp. St. Ward)

2. FULL NAME Ola Cummings
(a) Residence, No. Olathe Kansas 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1899

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	8	14	

OCCUPATION
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. Housewife
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) Ark

FATHER
13. NAME John Walls
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER
15. MAIDEN NAME Alice unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Chas Cummings Olathe Kan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Jan 31 1935

19. UNDERTAKER (ADDRESS) Mrs C. L. Forster 918 Brookside Ave, K.C. Mo.

20. FILED 1-30 1935 M. M. Brown Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1935, to Jan 29 1935, that I last saw her alive on Jan 29 1935. Death is said to have occurred on the date stated above, at 5:15 a.m.

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

	Date of onset
Gangrenous Septicemia from acute nephrosis	Jan 9-3
Pyelitis	Jan 15
Empyema of Gall Bladder (No gall stones found at autopsy)	Jan 9

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? clinical 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? no
If so, specify

(Signed) Tom Sidney Spiers, M. D.
(Address) 4301 Lydia

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.