

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

SEP 26 1935

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

27395

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township Primary Registration District No. 3026
 City St. Charles (No. 713, Clay St. Ward)

File No.
 Registered No. 166

2. FULL NAME Josephine Cummins

(a) Residence No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1935, to August 15, 1935
 I last saw her alive on August 15, 1935. Death is said to have occurred on the date stated above, at 8:15 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12-1871

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

7. AGE YEARS 64 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.

Essential hypertension
Generalized arteriosclerosis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

Other contributory causes of importance
Senility
Heartic embolus of undetermined origin

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

13. NAME James Cassidy

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

15. MAIDEN NAME Catherine Carroll

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

17. INFORMANT Konrad St. John (ADDRESS) St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE Aug 17, 1935

19. UNDERTAKER H. J. Allmeyer & Sons (ADDRESS) 800 W. 2nd St. St. Charles

20. FILED 8/16 1935 Clarence H. Resler Registrar

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) R. O. Hayden, M. D.
 (Address) St. Charles, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1942

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

[Illegible text follows, including a header section with fields for TO, FROM, and SUBJECT, and a main body of text that is mostly illegible due to the quality of the scan.]