

JAN 13 1936

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

Do not use this space.

41602

1. PLACE OF DEATH

County.....

Registration District No. 1003

File No. 10846

Township.....

Primary Registration District No. City of St. Joseph

Registered No. 10846

City..... (No. 1713243)

St. Ward

St. Ward

2. FULL NAME

(a) Residence, No. 2812

St. Ward 23

(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 *M* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 30 1866*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *69 8 16*

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Merion*

13. NAME *Daniel Cummings*

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

15. MAIDEN NAME *Mary Flynn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Galway*

17. INFORMANT *W. J. ...*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem.* DATE *Dec. 24 1935*

19. UNDERTAKER (ADDRESS) *J. J. ...*

20. FILED *DEC 23 1935* REGISTRAR *J. J. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/21*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *11/23*, 19*35*, to *10/21*, 19*35*. I last saw him alive on *11/21*, 19*35*. Death is said to have occurred on the date stated above, at *7:25* a.m. The principal cause of death and related causes of importance were as follows:

*Generalized Peritonitis
Duodenal Ulcer*

Other contributory causes of importance: *1176*

Name of operation *Gastric Resection* Date of *12/8*
What test confirmed diagnosis? Was there an autopsy? *Yes*

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)

Manner of injury. Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *R. B. ...* M. D. (Address) *City of St. Joseph*

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.

