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.

APR 23 1936

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

Do not use this space.

10896

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. 2005 Independence St. ... Ward)

File No.:

Registered No.: 15192 / 18872

2. FULL NAME Charles A Cumming

(a) Residence, No. 2005 Indep. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Cumming

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-21-1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
47	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Zahner Mfg Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterville N.Y.

FATHER

13. NAME Edwin M Cummings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York - N.Y.

MOTHER

15. MAIDEN NAME Elizabeth Gleason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlestown S Carolina

17. INFORMANT (ADDRESS) Wife 2005 Indep.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Mch 24 1936

19. UNDERTAKER (ADDRESS) ~~Mellody-Gill~~ Newcomers Sons Kansas City, Mo.

20. FILED 3-23 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/22/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., to ..., 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:

Lobar pneumonia

108

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

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? ...

If so, specify ...

(Signed) ..., M. D.

(Address) ...