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.

Wab 6716

APR 20 1936

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

Do not use this space.

11131

1. PLACE OF DEATH

County Jackson — Registration District No. 403 — File No.

Township ~~Kaw~~ BROOKING — Primary Registration District No. 5557 — Registered No.

City N.C. Mo (No. 4834 Greenway Drive St. Ward)

2. FULL NAME Charles Eferett Cummings

(a) Residence, No. 4834 Green Way Drive Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1862

7. AGE: YEARS 73 — MONTHS 10 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) 2-4-1732

11. Total time (years) spent in this occupation 10

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

FATHER

13. NAME Chas. Cummings

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

MOTHER

15. MAIDEN NAME Lucinda Jane Ring

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

17. INFORMANT (ADDRESS) Mrs. Edith Cummings 4834 Greenway Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE Mch-4-36

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn Avenue

20. FILED 3-3 1936 W W Hobbs, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch - 3 - 1936

22. I HEREBY CERTIFY, That I attended deceased from AUG 7, 1933, to MARCH 3, 1936

I last saw him alive on MARCH 2, 1936 Death is said to have occurred on the date stated above, at 3.50 A.m.

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

	Date of onset
ACUTE BRONCHO-PNEUMONIA	3-2-36
Other contributory causes of importance:	
CEREBRAL HEMORRHAGE	3-1-36

Name of operation NONE Date of —

What test confirmed diagnosis? PHYSICAL SIGNS Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO 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) W W Hobbs, M. D.

(Address) RAYTOWN, MO

Je 1103

2-5-

Dr. [illegible] [illegible]