

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 80 File No. 15701
Township Center Primary Registration District No. 3-119 Registered No. _____
City (No. 8 Miles, So. East of St. Joseph, Mo. St.) Ward _____

2. FULL NAME William Henry Cummings

(a) Residence, No. R.F.D. #6, St. Joseph, Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Emma Cummings</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 28, 1868</u> | | |
| 7. AGE YEARS <u>68</u> | MONTHS <u>4</u> | DAYS <u>6</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>1935</u> |
| | 11. Total time (years) spent in this occupation <u>Life</u> |

12. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Kansas

FATHER
13. NAME Chester Cummings

14. BIRTHPLACE (CITY OR TOWN) Boston
(STATE OR COUNTRY) Massachusetts

MOTHER
15. MAIDEN NAME Emeth Putnam

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Vermont

17. INFORMANT Mrs. Emma Cummings
(ADDRESS) R.F.D. #6, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Ashland Cemetery
PLACE St. Joseph, Mo. DATE April 6, 1937

19. UNDERTAKER H.O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Apr. 5, 1937 Mrs. Lucy Powell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1937, to April 4, 1937

I last saw him alive on April 4, 1937. Death is said to have occurred on the date stated above, at 12:55 P.M.

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

Chronic Myocarditis
Sclerosis of the coronary arteries and chronic intestinal toxemia

Other contributory causes of importance:
Sclerosis of the coronary arteries and chronic intestinal toxemia

Name of operation _____ Date of _____
What test confirmed diagnosis? Chromal 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) William A. Robertson, M. D.
(Address) St. Joseph Mo

