JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Prince
Township Walnut Grove
City Phenix Mo (No. ..... St. ..... Ward)
Registration District No. 325
Primary Registration District No. 5450
File No. 23778
Registered No. XV

2. FULL NAME Elmer Wesley Cummings,
(a) Residence, No. Walnut Grove, Mo St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. 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 Laura Crocker.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1890

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Crusher
10. Date deceased last worked at this occupation (month and year) June 27-1937
11. Total time (years) spent in this occupation 20%

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cartersville, Mo

FATHER
13. NAME James Riley Cummings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Rhoda B Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Laura Cummings Walnut Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cartersville Mo DATE 6/30 1937

19. UNDERTAKER (ADDRESS) Brian Funeral Home Walnut Grove Mo

20. FILED 6/30 1937 E B McClure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw him dead on June 28, 1937 Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:
Crushing injury to Chest Fracture right Humerus - Right Jaw - Right thigh mangled Femur cut in too

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? Accident Date of injury June 28, 1937
Where did injury occur? Phenix Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury Crushed under moving car
Nature of injury loaded with crushed rock

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify.
(Signed) J P Ferguson Coroner, M. D.
(Address) 542 Med Arts Bldg Springfield Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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