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.

REC'D APR 20 1938

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

Do not use this space.

File No. 11163

Registered No. 28

1. PLACE OF DEATH
County Jefferson — Registration District No. 421
Township Jefferson — Primary Registration District No. 5575
City Hematite (No. Rt. #1, St. Ward)

2. FULL NAME Sarah Cummings 552
(a) Residence, No. Rt #1 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: Female
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: Louis Cummings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 28, 1869

7. AGE: Years 68 — Months 11 — Days 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None wife
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): Va.

FATHER
13. NAME: Joseph Wightman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER
15. MAIDEN NAME: Anna Banty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): Hematite, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE Mar. 11, 1938

19. UNDERTAKER (ADDRESS): Drehmann Vaal, 1405 Union St. L. Mo.

20. FILED 3/10, 1938 J. E. Ridlage M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1938, to March 9, 1938
I last saw h. alive on March 8, 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/7/38

Other contributory causes of importance:
Mitral Regurgitation unknown

Name of operation: None 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) Harry Jaskt, M. D.
(Address) Festus Mo.

This is to certify that the body listed on reverse side has been properly embalmed by me.

Elmer C. Drehmann

License # 3690