

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 JUN 14 1938

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

Do not use this space.

19254  
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1. PLACE OF DEATH  
County Polk Registration District No. 702  
Township Madison Primary Registration District No. 4420  
City Fair Play (No. ....) St. .... Ward) ....

2. FULL NAME Joan Cummings 552  
(a) Residence, No. .... 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) may 12-1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>0</u>	<u>II</u>	<u>25</u>	

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

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) Fair Play (STATE OR COUNTRY) Mo.

MOTHER FATHER

13. NAME Howard Cummings

14. BIRTHPLACE (CITY OR TOWN) Dadeville, (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Grace Underwood,

16. BIRTHPLACE (CITY OR TOWN) Dunnegan, (STATE OR COUNTRY) Mo.

17. INFORMANT Howard Cummings (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lindley Prarie DATE may 8 1938

19. UNDERTAKER Frank W. Barker (ADDRESS) Fair Play, Mo.

20. FILED may 10, 1938 L. R. Hunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1938 .19

22. I HEREBY CERTIFY, That I attended deceased from May 6 1938 to May 7 1938, 19.....  
I last saw af alive on May 7 1938, 19..... Death is said to have occurred on the date stated above, 4.30P. m.  
The principal cause of death and related causes of importance were as follows:  
Dermatitis Ambustionis  
Date of onset 5-6-1938

Other contributory causes of importance: .....

Name of operation None Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? homicide Injury 5-6, 19 38  
Where did injury occur? At home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall in pan of boiling milk  
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Chas A Brown (Signed) ....., M. D.  
(Address) Fair Play Mo

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