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.

DEC 7 1938

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

Do not use this space.

39032

1. PLACE OF DEATH
County Daviess — Registration District No. 254 — File No. 26
Township Benton — Primary Registration District No. 5355 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME 552 Thomas H Cummings
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1856

7. AGE: YEARS 82 — MONTHS X — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Retired Farmer
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) Mo

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

MOTHER
15. MAIDEN NAME Nancy Bunnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Paul Cummings Pattonsburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Heath DATE 11-13-38, 19

19. UNDERTAKER (ADDRESS) G S Gromer Pattonsburg Mo

20. FILED 11-12, 1938 Francis C Sutton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-38, 19

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to Nov 11, 1938
I last saw him alive on Nov 9, 1938. Death is said to have occurred on the date stated above, at 7-45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer on a liver	1934

46

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? ..... 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) J. B. Graham, M. D.
(Address) Jameson Mo