

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

Do not use this space.

**1. PLACE OF DEATH**

County Henry  
Township Beckley  
City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 5489A

File No. 1140  
Registered No. 125 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Amy Cumming 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. 17 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-9-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
73 1 30

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

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) North Carolina

13. NAME Refus H. Massey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Christina J. Dutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Ruth Massey Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Jan 9 - 1933

19. UNDERTAKER (ADDRESS) Wm. J. Linnell & Son Clinton, Mo.

20. FILED 1-10 1933 E. C. Peeler Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1933, to 1-8 1933

I last saw him alive on 1-8 1933. Death is said to have occurred on the date stated above, at 6 4 a.m.

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

Influenza  
11/11/32  
Other contributory causes of importance:

Date of onset 1-4-33

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? No  
If so, specify \_\_\_\_\_

(Signed) R. S. Cummins M. D.  
(Address) Clinton Mo

JAN 23 1933

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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