

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.

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

Do not use this space.

~~RECD~~ JUL 13 1939

1. PLACE OF DEATH
 42 County Henry Registration District No. 351
 5 Township Primary Registration District No. 4208
 0 City Deepwater (No., St. Ward)
 552
 2. FULL NAME Margaret Cumins
 (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.

22220

File No.
 Registered No. 7
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWER, OR DIVORCED: HUSBAND OF (OR) WIFE OF Widow of Mr. Cumins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 16 - 1856

7. AGE YEARS 82 MONTHS 9 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. Retired.
 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 1

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana. 1
 13. NAME Andrew Leap. 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 17. INFORMANT Chas Perish
 (ADDRESS) Deepwater Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Deepwater Cem. DATE 6-17 39
 19. UNDERTAKER Tom Hunt
 (ADDRESS) Deepwater Mo
 20. FILED 6-18 39 1939 J. Russell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-13 1939 to 6-16 1939.
 I last saw him alive on 6/16 1939 Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy - Paralysis Date of onset 6-13
 Other contributory causes of importance: gout age

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 J. Russell M. D.
 (Signed) J. Russell (Address) Deepwater Mo

5016-10-22-38
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