

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

Do not use this space.

✓ 30140

1. PLACE OF DEATH

County St. Louis
 Township Wentz
 City Wentz (No.)

Registration District No. 330
 Primary Registration District No. 3017

File No.
 Registered No.
 St. Ward

2. FULL NAME

Rebecca Grace Cummings

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 3 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo. Santa Fe

10. NAME OF FATHER Lanta Lockridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. Mo.

12. MAIDEN NAME OF MOTHER Eliza S. Land

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. Mo.

14. INFORMANT J. M. Cummings
 (Address) Jamesport

15. FILED 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-21-27

17. I HEREBY CERTIFY, That I attended deceased from 10-19-27, 1927, to 10-21-27, 1927, that I last saw him alive on 10-21-27, 1927, and that death occurred, on the date stated above, at 11:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Seemed to be a terminal case of pneumonia of the lungs.

54A (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY)
48 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 10-21-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spec
 (Signed) E. Starnes, M. D.
 , 19 (Address) Jamesport Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Malone Cem Oct 21 1927

20. UNDERTAKER H. S. Peterson ADDRESS Jamesport

N. B.—Every item of information supplied is subject to examination. Exact statement of OCCUR- CAUSE OF DEATH in plain language, so that it may be properly classified, is very important.

1928

U.S. DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

1917

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH. County St. Louis Registration District No. 330 File No. _____
 Township Wenton Primary Registration District No. 3017 Registered No. _____
 City Wenton (No. _____) St. _____ Ward _____

2. FULL NAME Rebecca Grace Cummings
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 3 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

10. NAME OF FATHER Walter Ledridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Stella Gilliland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) mo

14. INFORMANT S. M. Cummings
 (Address) Jamesport

15. FILED Jan 5 1928 E. A. Bluff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-21 1927

17. I HEREBY CERTIFY That I attended deceased from 10-19 1927 to 10-21 1927 (that I last saw him after on 10-21 1927, and that death occurred, on the date stated above, at 11-P.m.)

(THE CAUSE OF DEATH* WAS AS FOLLOWS:
Seemed to be a dermoid cyst of adnexa of uterus possibly cancer

CONTRIBUTORY (SECONDARY) 46

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-21-27
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) G. D. Harris, M. D.
 , 19 (Address) Jamesport mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Masonic Cem DATE OF BURIAL Oct 21 1927

20. UNDERTAKER H. S. Roberson ADDRESS Jamesport

PHYSICIANS should be careful to state cause of death. It is especially important to state cause of death in cases of violence. It is especially important to state cause of death in cases of violence. It is especially important to state cause of death in cases of violence.

SUPPLEMENTARY

S-30140