

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

Do not use this space.

32502

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Glenn Primary Registration District No. 1002
City Maugas City No. 3425, Locust 1002 St. 4032 Ward)

2. FULL NAME

Lulu Cummings
(a) Residence, No. 3425 Locust St., 1 Ward. (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

2 MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 3 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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

13. NAME Jane Bentley

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

15. MAIDEN NAME Margaret Moss

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

17. INFORMANT (ADDRESS) Drucella Cummings

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo. DATE Oct - 29 - 1932

19. UNDERTAKER (ADDRESS) Wm. C. Spriter

20. FILED 10/28/32 M. M. Crowe Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 32 to Oct 27, 1932. I last saw her alive on Oct 26, 1932. Death is said to have occurred on the date stated above, at 6:52 a.m.

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

Cerebral hemorrhage Date of onset 10/17/32

Other contributory causes of importance: arterio-sclerosis several years

Name of operating physician Henry + Physical Exam Date of no
What test confirmed diagnosis? no Was there an autopsy? no

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 no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jess V. Bell

(Address) 1132 Professional Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

