

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.

APR 23 1936

11032

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1002  
City Kansas City (No. Menorah Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 11032

2. FULL NAME

Mrs Anna Cummins

(a) Residence, No. 323 E-79th, Ward 1  
(Usual place of abode)

Length of residence in city or town where death occurred Life mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX He 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-16-1861  
7. AGE YEARS 74 MONTHS 11 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) Kansas City Mo

13. NAME Willis Willis

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

15. MAIDEN NAME Mary Boley

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

17. INFORMANT (ADDRESS) Miss Emma Cummins 1323 E-79th

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Wash DATE Apr-31-1936

19. UNDERTAKER (ADDRESS) Henry Newcomer Sons Kansas City Mo

20. FILED Mar 30 1936 M.M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-28-1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1936, to Mar 28, 1936  
I last saw him alive on Mar 28, 1936 Death is said to have occurred on the date stated above, at 11:30 A.  
The principal cause of death and related causes of importance were as follows:

Influenza Date of onset March 11, 1936

Other contributory causes of importance: broncho pneumonia and cardiac failure

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) J. M. Brown, M. D.  
(Address) 620 Ogden

620 argyle

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