

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

Do not use this space.

36722

**1. PLACE OF DEATH**

County Buchanan  
Township  
City St Joseph Mo (No. State Hosp #2)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 1245  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Harry Cummings

(a) Residence, No. 2730 Helena N.E. 3rd St., Ward. Kansas City Mo  
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. - mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Georgetta Cummings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16 1868</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>8</u>
	DAY <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unk</u>	
	10. Date deceased last worked at this occupation (month and year)	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1936, to Oct 2, 1936.  
I last saw him alive on Oct 1, 1936. Death is said to have occurred on the date stated above, at 5:50 a.m.

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

Pneumonia

Date of onset  
Sept 29  
1936

Other contributory causes of importance:

Chronic Myocarditis July

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Autob 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) E. C. DeLong, M. D.  
(Address) State Hosp #2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Records State Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE Oct 3, 1936

19. UNDERTAKER (ADDRESS) Mr. C. J. Foster  
K.C. Mo

20. FILED 10-2, 1936 H. J. Nestle Registrar.

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.

