

DEC 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township Anderson
City Judson (No. _____) St. _____ Ward _____

Registration District No. 55
Primary Registration District No. 2632

File No. 41935

Registered No. _____

2. FULL NAME

Annal Maude Cummings

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>50</u>	<u>9</u>	<u>17</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) WEST MISS
(STATE OR COUNTRY)

13. NAME Richard Morgan

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

15. MAIDEN NAME Peterana Swift

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

17. INFORMANT W. H. Cummings
(ADDRESS) Judson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Zion DATE 10-11-1937

19. UNDERTAKER N. M. Payne
(ADDRESS) Calapitelle MO

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-9-1937 to 10-9-1937

I last saw her alive on 10-9-1937 Death is said to have occurred on the date stated above, at 10 A. M.

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

Coronary Occlusion
acute fibrous pleurisy
Date of onset _____

Other contributory causes of importance:
Physician admits no information concerning pleurisy can be obtained

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 _____

(Signed) Roginic Ferrinell M. D.
(Address) Judson Mo

Every entry on this form 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.

26

9-12

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

41935
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 55
(b) Township _____ Primary Registration District No. 4033 Registered No. _____
(c) City Bideon (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Maud Cummins

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 William Cummins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) West Miss

FATHER 13. NAME Richard Morgan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME Peter Ann Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) W. H. Cummins Bideon Miss

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bideon DATE 10-11-1937

19. FUNERAL DIRECTOR (ADDRESS) R. M. Payne Paragville Miss

20. FILED Jan 22 1938 M. V. Murren Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-9-1937 to 10-9-1937
I last saw her alive on 10-9-1937 Death is said to have occurred on the date stated above, at 10 A. M.

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

Coronary occlusion
acute febrile pneumonia
Physician away - no information concerning pneumonia can be obtained
Other contributory causes of importance: _____

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 _____
(Signed) Domina Fennell M. D.
(Address) Bideon Miss

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

UNCLE TOM'S

