

FILED FEB 28 1938

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

Do not use this space.

1. PLACE OF DEATH

County Whites
Township
City Seymour

Registration District No. 897
Primary Registration District No. 4543

File No. 4259
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Lais Wynonie Cummins

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

Length of residence in city or town where death occurred yrs. mos. 4 mos. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-39-10 AM

7. AGE YEARS MONTHS None If LESS than 1 day, 4 hrs. or 32 min.

OCCUPATION 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) (STATE OR COUNTRY) Seymour Mo.

MOTHER 13. NAME John A. Cummins

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

MOTHER 15. MAIDEN NAME Billie G. Denner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whites Co.

17. INFORMANT (ADDRESS) John A. Cummins

18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour DATE 1-28-39

19. UNDERTAKER (ADDRESS) None

20. FILED 1-27-39 R. E. McMahon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-39-2:30 pm

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1939, to Jan 27, 1939.
I last saw her alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia Reliquia
Date of onset _____

Other contributory causes of importance: 159'

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? NO
If so, specify _____ (Signed) Dr. H. B. Lee, D.O. _____
(Address) Seymour Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-239

Date Filed FEB 11 1939