

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

Do not use this space.

25698

**1. PLACE OF DEATH**

24 County Washington Registration District No. 198  
Township Lawson Primary Registration District No. 0278  
City Lawson No. 111 St. Mo. Ward

**2. FULL NAME**

(a) Residence. No. 1 St. Mo. Ward   
(Usual place of abode)  
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.  
(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED OR DIVORCED (OR) WIFE OF J. G. Meadows  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 868-  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 20 23 5  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Wife  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**

10. NAME OF FATHER M. B. Cummings  
11. BIRTHPLACE OF FATHER (CITY OR TOWN)  
(STATE OR COUNTRY) Mo.  
12. MAIDEN NAME OF MOTHER Emma Smith  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
(STATE OR COUNTRY) Mo.

14. INFORMANT J. G. Meadows  
(Address) Lawson  
15. FILED 9/1 19 31 40 Craw Mo.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1932 to Aug 21, 1932  
that I last saw him alive on Aug 21, 1932, and that death occurred on the date stated above, at 9:45 P.M.  
THE CAUSE OF DEATH WAS AS FOLLOWS:  
Probably chronic failure secondary to a chronic myocarditis.  
930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 930 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. ①

0 DID AN OPERATION PRECEDE DEATH? No DATE OF   
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) John E. Dwyer M. D.  
, 19 31 (Address) Lawson Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lawson DATE OF BURIAL Aug 30, 1932  
20. UNDERTAKER J. M. Van ADDRESS Lawson

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 22 1932

