

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

51068

PLACE OF DEATH  
County North  
Township Smith  
or  
Village Allendale  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 902 File No. \_\_\_\_\_  
Primary Registration District No. 4544 Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Burdy Niemetta Cunningham

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH <u>Mar 30, 1912</u> (Month) (Day) (Year)		
AGE <u>6 yrs. 8 mos. 8 ds.</u>		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>At home</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>		

DATE OF DEATH  
Dec 8, 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 25, 1918, to Dec 8, 1918, that I last saw her alive on Dec 8, 1918, and that death occurred, on the date stated above, at 6 A. m. The CAUSE OF DEATH\* was as follows:

Influenza followed by Bronchopneumonia and complicated with Whooping cough

Contributory Bronchopneumonia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.  
(Signed) J. F. Daves M. D.  
Dec 8, 1918 (Address) Allendale Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PARENTS	NAME OF FATHER <u>Burdy Ways Cunningham</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>
	MAIDEN NAME OF MOTHER <u>Lelara Belle Murphy</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>California</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Burdy M. Cunningham  
(ADDRESS) Allendale Mo  
Filed Dec 8, 1918 H. A. Robertson  
REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Allendale Mo</u>	DATE OF BURIAL <u>Dec 9, 1918</u>
UNDERTAKER <u>H. F. Calhoun</u>	ADDRESS <u>Allendale Mo</u>

N. B. - Every item of information wanted on certificate should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms.

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health  
Association)

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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PLACE OF DEATH

County North  
Township Smith  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

*Dep of Stats*

Registration District No. 902 File No. ~~51049~~  
Primary Registration District No. 6211 Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Purdy Wilmetta Cunningham

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH March 30, 1912  
(Month) (Day) (Year)

AGE 6 yrs. 8 mos. 7 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work 9  
(b) General nature of industry, business, or establishment in which employed (or employer) IAA 107A

BIRTHPLACE (City or town, State or foreign country) Mo

PARENTS  
NAME OF FATHER Purdy M. Cunningham  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo  
MAIDEN NAME OF MOTHER Eliza Belle Murphy  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Calif.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Purdy M. Cunningham  
(ADDRESS) Allendale Mo

Filed July 28, 1918 W.A. Robertson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7, 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 20, 1918, to Dec 7, 1918, that I last saw her alive on Dec 7, 1918, and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH\* was as follows:

Pertussis Influenza 10/91  
and Broncho-pneumonia  
Primary Broncho-Pneumonia  
(Duration) \_\_\_ yrs. \_\_\_ mos. 17 ds.

Contributory Pertussis and Influenza  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Dr. Joseph D. F. Dore M. D.  
Dec 7, 1918 (Address) Allendale Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Allendale Mo DATE OF BURIAL Dec 8, 1918

UNDERTAKER W.F. Calhoun ADDRESS Allendale Mo

# Revised United States Standard Certificate of Death

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