SEP 2 9 1927

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

O.K. Do not use this space.

24714

1. PLACE OF DEATH

County Johnson — Registration District No. 431 — File No.

Township ~~Warrensburg~~, — Primary Registration District No. 3023 — Registered No.

City Warrensburg, (No. ..... St. ..... Ward)

2. FULL NAME Lyda Isabel Cunningham

(a) Residence. No. Pertle Springs St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Cunningham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 14, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	4	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER J. Hoffa

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Mary Stephenson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT J. H Cunningham
(Address) Warrensburg, Mo

15. FILED 8/23 1927 Wm R Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1927, to Aug 21, 1927, that I last saw h— alive on ....., 19..., and that death occurred, on the date stated above, at 5- 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cause of Intestines
45
(duration) 2 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1925
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sensual & Operation
(Signed) M. E. Johnson, M. D
Aug 21, 1927 (Address) Warrensburg 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 Richmond, Missouri — DATE OF BURIAL Aug 28 1927

20. UNDERTAKER S. R. Sweeney — ADDRESS Warrensburg 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.