26 1928

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

Do not use this space.

30325

1. PLACE OF DEATH

County: Hancock
Township: Bancroft
City: near Higbee (No. ..... St. ..... Ward)

Registration District No. 378
Primary Registration District No. 5-5-27

File No. .....
Registered No. 66

2. FULL NAME Willard Cunnell

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

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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Son of Lillian Cunnell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 22 1898

7. AGE: Years 30, Months 8, Days 2. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) Hancock Co

PARENTS

10. NAME OF FATHER: Albert L. Cunnell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dent Green
12. MAIDEN NAME OF MOTHER: Lillian Hudson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Hancock Co

14. INFORMANT: Lillian Cunnell
(Address) Higbee Mo R F D

15. FILED 9,30, 1928 V. A. Bonham, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1928, to Sept. 24, 1928 that I last saw him alive on Sept. 28, 1928, and that death occurred, on the date stated above, at 6.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stab wound left Lumbar region penetrating Illium in 2 places.
174 (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Stab wound, in fight, with Knife (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept. 23 1928
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? visible at operation
(Signed) F. L. McCormick, M. D
9-24, 1928 (Address) Moberly 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: Myers Wright Hancock
DATE OF BURIAL: Sept 25 1928

20. UNDERTAKER: C. L. Feland Higbee Mo.
ADDRESS

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.