

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

Do not use this space.

37686

31 1928

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.

1. PLACE OF DEATH
 County New Madrid Registration District No. 605
 Township Parmer Primary Registration District No. 435-g
 City Parmer (No.) St. Ward)

2. FULL NAME Luther E. Cunningham
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 22 1927</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>2</u>
		DAYS
		<u>25</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Parmer
 (STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Clarence Cunningham</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Jenny Madley</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)

14. INFORMANT Clarence Cunningham
 (Address) Parmer

15. FILED Nov 17 1928 C. J. Blackman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 1928
 17. I HEREBY CERTIFY That I attended deceased from Sept 20 1928 to Nov 17 1928 that I last saw him alive on Nov 17 1928 and that death occurred, on the date stated above, at 77 a.m.

THE CAUSE OF DEATH: WAS AS FOLLOWS
Illness, Colitis
119B
113B (duration) yrs. 2 mos. da.

CONTRIBUTORY (SECONDARY)

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS symptoms
 (Signed) C. J. Blackman, M.D.
11-17-1928 (Address) Parmer 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 Parmer Mo DATE OF BURIAL 11/18 1928

20. UNDERTAKER C. J. Knight ADDRESS Parmer Mo

