JAN 28 1929

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

Do not use this space.

43813

1. PLACE OF DEATH

County Sullivan Registration District No. 929 File No.

Township Pleasant Hill Primary Registration District No. 6122 Registered No. 13

City Near Milan (No. ..... St. ..... Ward)

2. FULL NAME Margaret Cunningham

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

Length of residence in city or town where death occurred 50 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)
Female	White	Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Thomas Cunningham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	9	27	

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

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles Read

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

12. MAIDEN NAME OF MOTHER Martha Potts

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

14. INFORMANT Thos. Cunningham
(Address) Milan, Mo

15. FILED 12-23, 1928 J. W. Rogers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1928, to Dec. 22, 1928, that I last saw her alive on Nov. 15, 1928, and that death occurred, on the date stated above, at 12.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sepsis from abscess in right Ing. region.
97
152 B
(duration) ..... yrs. 2 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. S. Montgomery M. D
Dec. 23, 1928 (Address) Milan 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 Hickory Grove Cem. near Milan | DATE OF BURIAL Dec 23 1928

20. UNDERTAKER C. A. Schoene | ADDRESS Milan 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.