MAY 28 1930

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

Do not use this space.

11460

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 70

City ..... (No. ..... St. ..... Ward)

2. FULL NAME H. Gip Cunningham

(a) Residence. No. Vernon County Farm St. ..... Ward. .....
(Usual place of abode) (State Hospital No 3) (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 ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	12	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(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): Kentucky

PARENTS

10. NAME OF FATHER: H. G. Cunningham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Mary Hammond
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ?

14. INFORMANT (Address): State Hospital Records

15. FILED 4/12 1930 E. R. King, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1930, to Mar 23, 1930 that I last saw him alive on Mar 23, 1930, and that death occurred, on the date stated above, at 2 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis
97
162
..... (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Senile Dementia
..... (duration) 4 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Staff State Hosp No 3, M. D
3/23, 1930 (Address) Grogan

*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: Holden, Mo. — DATE OF BURIAL: 3-27-30

20. UNDERTAKER: John E. Myers — ADDRESS: Nevada

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.