

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

Do not use this space.

✓ 15299

**PLACE OF DEATH**

County Brown  
Township Leador  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 71  
Primary Registration District No. 5010a

File No. \_\_\_\_\_  
Registered No. 89  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wm Shannon Cunningham  
(a) Residence No. Providence St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 2 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |  |   |
|---|--|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>X</u>  |  |   |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-5-30</u>  |  |   |
| 7. AGE<br>YEARS<br><u>X</u>   | MONTHS<br><u>2</u>   | DAYS<br><u>5</u>  |
| If LESS than 1 day, _____ hrs. or _____ min.  |  |   |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>X</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) <u>X</u><br>(c) Name of employer <u>X</u> |  |   |
| 9. BIRTHPLACE (CITY OR TOWN) <u>Providence</u><br>(STATE OR COUNTRY) <u>McBain RFD #1</u>   |  |   |
| PARENTS   | 10. NAME OF FATHER <u>Golden Cunningham</u>                                      |   |
|   | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Boon Co. Mo</u><br>(STATE OR COUNTRY) |   |
|   | 12. MAIDEN NAME OF MOTHER <u>Lula Rice</u>                                       |   |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Boon Co Mo</u><br>(STATE OR COUNTRY)   |  |   |

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-7-1930

17. I HEREBY CERTIFY, That I attended deceased from 5-8-1930 to X, 1930, that I last saw h. X alive on X, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Suffocation following severe  
cut of vein - accidental -  
1922

119B (duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 115B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. S. Davis, Brown M.D.

, 19 \_\_\_\_\_ (Address) McBain 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 Nashville Church Cemetery DATE OF BURIAL 5-8-1930

20. UNDERTAKER Noel Cunningham ADDRESS Columbia Mo

15. FILED 5-8-30 Beatrice Green REGISTRAR

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.

May 29 1930

... should be state  
... properly classified. Exact state

8-Every  
USE OF

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Boone Registration District No. 71 File No. ....  
 Township Cedar Primary Registration District No. 1-1100 Registered No. 89  
 City (No. ....) St. 77021 Ward)

**2. FULL NAME** Wm Shannon Cunningham

(a) Residence. No. Providence St., ..... Ward, .....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred X yrs. 2 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-5-30

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
2 2 2

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Providence  
 (STATE OR COUNTRY) McBain R.F.D.#1

10. NAME OF FATHER Golden Cunningham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co  
 (STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Lula Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co  
 (STATE OR COUNTRY) MO

14. INFORMANT Golden Cunningham  
 (Address) McBain R.F.D.#1

15. FILED June 5, 1930 A. J. Nichols  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-7 1930

17. I HEREBY CERTIFY That I attended deceased from .....  
 that I last saw h..... before on ....., 19....., and that death occurred, on the date stated above, at.....m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Suffocation following  
severe case of Colic  
Accidental  
 (duration) yrs. 2 mos. 2 ds.

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

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) E. B. Davis Coroner, M. D.  
 , 19 (Address) Columbia 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 Nashville Church DATE OF BURIAL 5-8-1930

20. UNDERTAKER Noel Cunningham ADDRESS Columbia MO

N. B.—Every Detail 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. ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-152.99