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

Do not use this space.

38595

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 38595

Township — Primary Registration District No. 1001 — Registered No. 1333

City St Joseph (No. 2101 N 3rd St St. Ward)

2. FULL NAME William E. Cunningham

(a) Residence. No. 2101 No 3 St St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

JAN 10 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann Cunningham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	2	19	

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) Self.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Plainville
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Cunningham

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W W Cunningham
(Address) 2101 No 3 St

15. FILED ....., 19.... John G. [illegible] REGISTRAR

DEC 15 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930, to Dec 14, 1930 that I last saw him alive on Dec 13, 1930, and that death occurred, on the date stated above, at 5.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
[illegible]
about 3 yrs. ✓ mos. ✓ ds.
(duration)

CONTRIBUTORY (SECONDARY) Nephritis Chronic
about 1 yrs. ✓ mos. ✓ ds.
(duration)

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) L C Bauman M. D.
12/14, 1930 (Address) Kirkpatrick Bldg St Joseph 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 Denton Kans — DATE OF BURIAL 12/16 1930

20. UNDERTAKER Flaman Funeral — ADDRESS 1946 Home Calhoun