

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

Do not use this space.

**13200**

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph, (No. Mercy Hospital)

File No. 366

Registered No. 366

St.                      Ward                     

**2. FULL NAME**

Alice Marie Cunningham

(a) Residence. No. 916 No. 9th. St. St.                      Ward.                     

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs.                      mos.                      ds. How long in U.S., if of foreign birth?                      yrs.                      mos.                      ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

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

O.L. Cunningham

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Jan. 12, 1908

**7. AGE**

YEARS 23

MONTHS 2

DAYS 19

IF LESS than 1 day,                      hrs. or                      min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

At Home.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Grant City, Mo.

(STATE OR COUNTRY)

**PARENTS**

**10. NAME OF FATHER**

Thomas Moberly

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Worth Co., Mo.

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Lula Davis

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Worth Co., Mo.

(STATE OR COUNTRY)

**14.**

INFORMANT O.L. Cunningham

(Address) 916 No. 9th. St.

**15.**

FILED 4-2-31 1931

John R. Bender  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Apr. 1, 1931 1931

**17. I HEREBY CERTIFY, That I attended deceased from** Mar 28 - 1931 to Mar 31 - 1931 that I last saw h. et alive on Mar 31 - 1931, and that death occurred, on the date stated above, at 3.20 A.M. m.

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

Resistant's due to Bilateral Pyosalpinx

**CONTRIBUTORY (SECONDARY)**

unknown (duration)                      yrs.                      mos.                      ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF                     

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Physic's findings

(Signed) J. Walker, M. D.

4/1/31 (Address) Mercy Hospital

\*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**

Grant City, Missouri

**DATE OF BURIAL**

Apr. 3, 1931

**20. UNDERTAKER**

Walter Meierhoffer

**ADDRESS**

1302 Fara on St.

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 21 1931

WITH CHARGING THERE-THIS IS A PERMANENT RECORD

