CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 27 1931

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

Do not use this space.

15285

1. PLACE OF DEATH
County Polk
Township W. Loong
City Morrisville (No. ..... St. ..... Ward)

Registration District No. 704
Primary Registration District No. 5933

File No. 12
Registered No. .....

2. FULL NAME Ophelia Virginia Cunnyngham

(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 85 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William G. Cunnyngham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1846-2-10

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 85 | 2 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 225
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (month and year) One Mo.
11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.

FATHER

13. NAME Morris Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo

MOTHER

15. MAIDEN NAME Rebecca Cunnyngham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morrisville DATE 4-14 1931

19. UNDERTAKER (ADDRESS) Gould, White & Irwin Undertakers

20. FILED Apr 13, 19 Grace Miller Davis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-12-1931

22. I HEREBY CERTIFY, That I attended deceased from April-5-1931, to April-12-1931
I last saw her alive on April 12, 1931. Death is said to have occurred on the date stated above, at 30 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| 11B | |
| 162 | |
| Influenza | |

Other contributory causes of importance:

Senility

11B

1

Name of operation ..... Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) Morrisville Mo.