

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

Do not use this space.

21413

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City (No. 5923)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2510
St. 2510 (Ward)

2. FULL NAME

Jo Ann Cunningham
(a) Residence No. 5923 Montgale St. 16 Ward.

(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 Female 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) Jan 10 - 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7 mo 6 mo 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(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) Kansas City, Mo

10. NAME OF FATHER Neal Cunningham

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

12. MAIDEN NAME OF MOTHER Katherine M. Belmont

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

14. INFORMANT Neal Cunningham (Address) 5923 Montgale

15. FILED 19 31 M. M. Coburn REGISTRAR Asor

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1931

I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to June 8, 1931, that I last saw her alive on June 8, 1931, and that death occurred, on the date stated above, at 5:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
107A
93A (duration) yrs. mos. 3 ds.
CONTRIBUTORY myocarditis, acute (SECONDARY) (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

107A
IS NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms
(Signed) Thos. L. Draddy M. D.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys DATE OF BURIAL 6-9-31
20. UNDERTAKER Quinn & Tabin ADDRESS 351 Main

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.

THIS IS A PERMANENT RECORD

6415 road