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

Do not use this space. V

21801

File No.
Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 401
Township: Van Buren — Primary Registration District No.: 5556
City (No. St. Ward)

2. FULL NAME: Perry Andrew Cunningham
(a) Residence, No. St., Ward.
(Usual place of abode) (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.

FEB 26 1931

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/3-53

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	3	7	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER
13. NAME Wm. Cunningham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S. of A.

MOTHER
15. MAIDEN NAME Martha Stanford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S. of A.

17. INFORMANT Herbert Cunningham
(ADDRESS) Lone Jack Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lone Jack, Mo. DATE 6/11 1931

19. UNDERTAKER C. E. Webb
(ADDRESS) Oak Grove Mo.

20. FILED June 15 1931 Mrs Carl Hays
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9 1931

22. I HEREBY CERTIFY, That I attended deceased from May 9th 1931, to June 5th 1931, Last saw him alive on June 5 1931. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken hip	
1861	19
1948	
1931	
General breakdown	
Cerebellum	

Other contributory causes of importance:

Name of operation none 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 fall
Nature of injury broken hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. E. Perry, M. D.
(Address) Oak Grove

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.