

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

Do not use this space.

27743

1. PLACE OF DEATH

County Cass Registration District No. 157
Township Pleasant Hill Primary Registration District No. 8-221
City (No.) (No.) (No.) St. (No.) Ward (No.)

File No. 6
Registered No. 20

2. FULL NAME

William J. Cunningham St. Harrisonville Ward. MO
(a) Residence, No. (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.

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) May 2 - 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>27</u>	<u>3</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe
10. Date deceased last worked at this occupation (month and year) 8/30/31 11. Total time (years) spent in this occupation 3

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

FATHER 13. NAME Edward F. Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary E. Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Ross J. Harrison (ADDRESS) Harrisonville Mo.

18. BURIAL, CREMATION, OR REBURYAL PLACE Oakland Cemetery DATE 9/1 1931

19. UNDERTAKER Russellburger Bros (ADDRESS) Harrisonville Mo.

20. FILED Aug 30 1931 L. T. Murray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Automobile Accident
Back of head Crushed
2/10/31

Other contributory causes of importance:
2/10

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 30, 1931

Where did injury occur? East of Pleasant Hill, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Public Highway No. 55

Manner of injury Automobile Accident

Nature of injury Back of head Crushed

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) W. S. Gilkerson Coroner M. D.

(Address) Harrisonville Mo.

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.

SEP 22 1931

