

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

Do not use this space.

1. PLACE OF DEATH

County Rolla Registration District No. 756 File No. 32184
 Township Swanton Primary Registration District No. 5968 Registered No. _____
 City _____ (No. Universal Atlas Cement Plant St. _____ Ward _____)

2. FULL NAME Jasper D. Cunningham

(a) Residence No. 1514 Sun St. 5 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Burbie Cunningham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 2 - 1883</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>-</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Universal Atlas Cement Co.</u>		
10. Date deceased last worked at this occupation (month and year) <u>Sept. 10 - '31</u>		11. Total time (years) spent in this occupation <u>6 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Mo.</u>		
13. NAME <u>William J. Cunningham</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rome Co. Mo.</u>		
15. MAIDEN NAME <u>May Ballenger</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Burbie Cunningham Hannibal Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hydesburg Cemetery</u> DATE <u>Sept. 17 - 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Schwartz Funeral Home Hannibal Mo.</u>		
20. FILED <u>16-9</u> 19 <u>31</u> <u>S. G. Lewis, Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1931

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

He/she was _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Accidental death while operating motor cars in shale mine Date of onset _____

Other contributory causes of importance: 20 PM

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? _____ Date of injury _____
 Where did injury occur? Shale mine, Rolla Co Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Skull fracture
 Nature of injury struck by timber

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Shale Mine, Carver
 (Signed) _____ M. D.
 (Address) Center, Mo.

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.

OCT 26 1931

