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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township Kaw — Primary Registration District No. 10
City K.C. Mo (No. 808 Elmwood St. Ward)

File No. 4891
Registered No. 754

2. FULL NAME Johnson Cunningham
(a) Residence. No. 808 Elmwood St. 10 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26 1862
7. AGE: YEARS 69 MONTHS 7 DAYS 29 — If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Saline Co.
(STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Joseph Cunningham
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Rebeca Cunningham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo
14. INFORMANT: Wm. Roy Cunningham
(Address) 808 Elmwood
15. FILED 7/24 1932 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 24 1932
17. I HEREBY CERTIFY, That I attended deceased from Feb 8th 1932, to Feb 24th 1932, that I last saw him alive on Feb 24th 1932, and that death occurred, on the date stated above, at 12 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endo-Carditis
(duration) yrs. mos. 17 ds.
CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) yrs. mos. 17 ds.
18. WHERE WAS DISEASE CONTRACTED? 920 (1)
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H V Cordry M.D.
7/24 1932 (Address) 805 Elmwood Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cunningham Ave. Sedalia Mo — DATE OF BURIAL: Feb 26 1932
20. UNDERTAKER: Rose D Henderson — ADDRESS: 15 Jackson

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.