

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

Do not use this space.

10943

1. PLACE OF DEATH

County Registration District No. 781
Township Primary Registration District No. 1003
City St. Louis (No. 4625 St. Ferdinand)

File No.
Registered No. 3021
St. Ward)

2. FULL NAME

Melissa E. Cunningham

(a) Residence, No. 4625 St. Ferdinand St. 511 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William H. Cunningham</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 10, 1861</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>6</u>	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>			
	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) <u>Yellow Bluff Tenn.</u> <u>2</u>				
FATHER	13. NAME <u>Thomas Skipper</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>319</u>			
MOTHER	15. MAIDEN NAME <u>Mary Skipper Johnson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Mrs. S. W. Boucher</u> (ADDRESS) <u>4625 St. Ferdinand</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dyer Tenn.</u> DATE <u>March 28 1932</u>				
19. UNDERTAKER <u>Shepard Funeral Home</u> (ADDRESS) <u>2116 7-69 Hamilton Ave.</u>				
20. FILED <u>MAR 28 1932</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-26-1932 to 3-28-1932
I last saw her alive on 3-26-1932 Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
107A 107A
Other contributory causes of importance: ①

Name of operation Date of
What test confirmed diagnosis? chest 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas. J. Bol M. D.
(Address) 2279 North H. Ave.

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.

3519 + Helbert.