

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

Do not use this space.

25864

File No. 69
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

100 County Scott Registration District No. 87
Township Richland Primary Registration District No. 6070
City Sikeston (No. _____, _____, _____ St. _____ Ward _____)

2. FULL NAME Margaret Addie 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Sikeston Mo

13. NAME Morton C Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fuller Mo

15. MAIDEN NAME Lattie Dover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo

17. INFORMANT (ADDRESS) Morton C Cunningham
401 S. 1st St. Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston DATE July 11, 1932

19. UNDERTAKER (ADDRESS) H. J. Wilcox
101 S. 1st St. Sikeston Mo

20. FILED 8/7/32 Walter E. Dink Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1932, to July 11, 1932.
I last saw her alive on 5, 4, 1932. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

Asina Bipida
157B
Other contributory causes of importance: 157D

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 _____, 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) Howard M. Keady, M. D.
(Address) Sikeston 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.

ALIC 27 1932

