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

Do not use this space.

File No. 31477

Registered No. 577

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St Joseph (No. 1312 North 3 street St. Ward)

2. FULL NAME Ellen Cunningham

(a) Residence, No. 1312 North 3 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

NOV 21 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
86	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Donegal Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) John Cunningham 1312 North 3 street St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Oct. 10 1932

19. UNDERTAKER H. O. Sidenladen
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED OCT 8 1932 John P. Beuder Jr. Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1932, to Oct 6 1932

I last saw her alive on Oct. 6 1932 Death is said to have occurred on the date stated above, at 6:15 Am.

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

	Date of onset
(1) Myocarditis	
(2) C	
(3) B	
(4)	

Other contributory causes of importance:

Arteriosclerosis Gen.	
Senility	
Cardiac Decompensation	Oct 6

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) Frank L. Hundegain, M. D.

(Address) St Joseph Mo. Lit Pelner Bldg.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

S. No. 2