

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.

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

Do not use this space.

32376

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 379City Kansas City(No. St. Joseph Hospital)File No. 3905Registered No. 3905

St. _____ Ward _____

2. FULL NAME Anna Vickers Cunningham(a) Residence, No. 1012 East 1st Street St. Ward 1(If nonresident, give city or town and State) Maryville, Mo.Length of residence in city or town where death occurred yrs. mos. 14 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND-OF (OR) WIFE OF Abe Cunningham6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 18637. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 38. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home #35

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Plainville
(STATE OR COUNTRY) Adams County, Ill.13. NAME John W. Vickers14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ill.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Abe Cunningham
(ADDRESS) Maryville Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Maryville, Mo. DATE OCTOBER 17, 193219. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS) 2111 East 9th St.20. FILED 10/17 1932 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 193222. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1932, to Oct. 15, 1932I last saw her alive on Oct. 15, 1932 Death is said to have occurred on the date stated above, at 2:45 P. m.

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

Cholecystitis Date of onset 10/13and cholelithiasis 12/51932 10/16

Other contributory causes of importance:

OperationName of operation cholecystectomy Date of Oct 15, 1932What test confirmed diagnosis? _____ Was there an autopsy? Yes23. 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? _____

If so, specify J. M. Frankenburg, M. D.(Signed) J. M. Frankenburg, M. D.
(Address) 514 Realto Bldg

