

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

Do not use this space.

35538

1. PLACE OF DEATH

County Howell Registration District No. 384
 Township Springer Creek Primary Registration District No. 5539
 City _____ St. _____ Ward _____

File No. 96
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Heights B. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Georgia Hopkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18 1879</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>11</u>
	DAYS <u>3</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>farmer</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Christiansburg Va.</u>		
FATHER	13. NAME <u>Neal Cunningham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Point Va.</u>	
MOTHER	15. MAIDEN NAME <u>Eva Pittman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>W. B. Briley</u> (ADDRESS) <u>W. B. Briley</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. B. Briley</u> DATE <u>11-22 1932</u>		
19. UNDERTAKER <u>W. B. Briley</u> (ADDRESS) <u>W. B. Briley</u>		
20. FILED <u>11-21-1932</u> <u>O. P. Hume</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1932 to Nov. 12 1932
 I last saw him alive on October 31 1932 Death is said to have occurred on the date stated above, at 8 a. m.
 The principal cause of death and related causes of importance were as follows:
Fatal Bronchitis Date of onset 10/28 1060
 Other contributory causes of importance: inaction ①

Name of operation None Date of _____
 What test confirmed diagnosis? Symptoms 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) R. H. Sparks M. D.
 (Address) West Plains 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.

JAN 9 1933

