

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

Do not use this space.

13910

**1. PLACE OF DEATH**

610 County Miller Registration District No. 561  
Township Saline Primary Registration District No. 5753A  
City Near Eldon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 16

**2. FULL NAME**

Annie 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David A. Cunningham  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20. 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 5 16  
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Housewife  
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

OCCUPATION  
MOTHER  
FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo  
13. NAME Charles Tompkins  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
15. MAIDEN NAME Kelsey  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo  
17. INFORMANT (ADDRESS) D. A. Cunningham Eldon Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mounten Co Mo DATE April 7 1933  
19. UNDERTAKER (ADDRESS) W. A. Phillips Eldon Mo  
20. FILED 4-6 1933 Belle Hayes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1933  
22. I HEREBY CERTIFY, That I attended deceased from July 1932, to April 6 1933  
I last saw her alive on March 25 1933 Death is said to have occurred on the date stated above, at 2:15 P.M.  
The principal cause of death and related causes of importance were as follows:

myocarditis  
1933/131  
Other contributory causes of importance:  
Coronary Arterial vascular disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. H. Allen M. D.  
(Address) Eldon Mo

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.

MAY 22 1933

RECORD WITH CHANGING INFO--THIS IS A PERMANENT RECORD

