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

Do not use this space.

22256

File No. .....
Registered No. 40

1. PLACE OF DEATH
County Barry
Township .....
City Monett (No. ..... St. ..... Ward)

Registration District No. 30
Primary Registration District No. 3003

2. FULL NAME Louis 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20. 1873

7. AGE: Years 60 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Cabool Missouri

FATHER
13. NAME Oliver Cunningham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Korea

MOTHER
15. MAIDEN NAME Elizabeth Rodeha
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Korea

17. INFORMANT (ADDRESS) Kennis Cunningham Monett Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE F.O.P. Cemetery DATE July 26, 1933

19. UNDERTAKER (ADDRESS) Ballew & Monett Mo

20. FILED 7-26-, 1933 W. M. West M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1933

22. I HEREBY CERTIFY That I attended deceased from July 23, 1933, to July 24, 1933 that I last saw him alive on July 24, 1933. Death is said to have occurred on the date stated above, at 4:4 a.m.

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

	Date of onset
Pellagra	?

Other contributory causes of importance:

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) Ernest Mitchell, M. D.
(Address) Monett 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.

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

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