

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

Do not use this space.

37669

**1. PLACE OF DEATH**

County Franklin  
Township St. Francois  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 773  
Primary Registration District No. 6018A

File No. \_\_\_\_\_  
Registered No. 132  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1849  
7. AGE YEARS 84 MONTHS 4 DAYS 28 If LESS than 1 day, .hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
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) Genevieve, Co. Mo

13. NAME Alex Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Mary Holstrom

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT A. S. Parks  
(ADDRESS) Antecolon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Rose Burial Co. DATE Nov 8 1933

19. UNDERTAKER (ADDRESS) James T. ... Co

20. FILED 11-8-33 1933 T. J. Robinson  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1933 to Nov 7 1933

I last saw her alive on Nov 7 1933. Death is said to have occurred on the date stated above, at 4 P m.

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

apoplexy -  
General arteriosclerosis  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation Cholec 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? No

If so, specify (Signed) Rappaport M. D.  
(Address) James T. ...

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.

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