

NOV 8 1934

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
Township Oak Hill
City (No. St. Ward)

Registration District No. 234
Primary Registration District No. 5319

File No. 23888-A
Registered No.

2. FULL NAME

Anna Pearl Cunningham
(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

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Infant

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

7-13-34

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Infant

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Oak Hill
Crawford Mo.

10. NAME OF FATHER

M. J. Cunningham

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Farmington
Mo.

12. MAIDEN NAME OF MOTHER

Effie Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Farmington
Mo.

14.

INFORMANT
(Address)M. J. Cunningham
Oak Hill Mo.

15.

FILED

7/13 1934D. C. Bayless
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13-1934

17.

I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to July 13, 1934, that I last saw h. alive on July 9, 1934, and that death occurred, on the date stated above, at 12:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Infection of Stomach + Intestines

10 mos (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Premature Birth

(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

At HomeDID AN OPERATION PRECEDE DEATH? no DATE OF —WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. J. Harness, M. D., 19 34 (Address) Red Bird Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Farmington Mo 7/14/1934

20. UNDERTAKER

ADDRESS

Ed Long Saba 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.

