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.

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

Do not use this space.

29326

SEP 20 1934

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township KAW — Primary Registration District No. 1002
City KANSAS CITY (No. 3035 BALES St. Ward)

File No. 3743
Registered No.

2. FULL NAME CHARLES A CUNNINGHAM
(a) Residence, No. St., Ward. MARYSVILLE, MO.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. ANNA CUNNINGHAM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-30-1860

7. AGE: YEARS 74 — MONTHS 6 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TEAMSTER
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) PLAINEVILLE (STATE OR COUNTRY) ILLINOIS

FATHER
13. NAME UNKNOWN CUNNINGHAM
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. LUE WORLEY 3035 BALES AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MARYVILLE, MO. DATE Aug 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED 8-11 1934 M M Crowe asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Aug. 10, 1934
I last saw him alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 5:53 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis General secondary to carcinoma of right side of nose beginning about four years ago (from History)	Sept 1933

Other contributory causes of importance:
52
53 E

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) A. A. Hobbs, M. D.
(Address) 3321 E 30th St Kansas City Mo

3321- E. 30 th St.
9:30