AUG 20 1935

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

Do not use this space.

23236

File No. 2999

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: ~~Kaw~~
City: Kansas City (No. Research Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Sabra Cunningham
(a) Residence, No. Commodore Hotel 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1876

7. AGE: Years 59 Months 1 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher
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) Michigan

FATHER
13. NAME John W. McChesney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT Robert Cunningham
(ADDRESS) 4924 Woodland

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Hill cemetery DATE July 27, 1935

19. UNDERTAKER Stuart McClure
(ADDRESS) 3235 Gillham Blvd

20. FILED July 26, 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1935, to July 24, 1935
I last saw h. alive on July 24, 1935. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
lobar pneumonia	July 22 1935

/ 0 0

Other contributory causes of importance:
cardiac knowness, neglect, hypertension

Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. Hoy, M. D.
(Address) 620 Argyle Bldg

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

[illegible]

[illegible]

[illegible]

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