

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

1189  
Do not use this space.

25389

AUG 22 1935

1. PLACE OF DEATH

County Hemp  
Township Washington  
City Neada (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 875  
Primary Registration District No. 6162

File No. \_\_\_\_\_  
Registered No. 140

2. FULL NAME

(a) Residence, No. Neada Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_

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

Length of residence in city or town where death occurred 7 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-17-1877</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>7</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>on farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1928</u>	11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo.</u>		
FATHER	13. NAME <u>Thos. R. Cunningham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ely. M<sup>o</sup> Cowan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. W. M. Brandt Cassville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Cassville Mo.</u> DATE <u>July 24 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Eichinger Fun. Home Nevada, Mo.</u>		
20. FILED <u>7/24 1935 M. Eichinger Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1-35, 1935, to 7-24, 1935

I last saw him alive on 7-24, 1935. Death is said to have occurred on the date stated above, at 1:25 P.m.

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

Cerebral hemorrhage  
Cerebral arteriosclerosis

Date of onset

7-23-35

Other contributory causes of importance:

Name of operation None 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? No 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 None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) M. Magubank, M. D.  
(Address) State Hosp #31 Nevada Mo.

