

JAN 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Carroll Registration District No. 195
Township Moss Creek Primary Registration District No. 5190
City (No. _____) _____ St. _____ Ward _____

File No. 38873
Registered No. 133

2. FULL NAME

Phoebe 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 24 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 69 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No Occupation

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) Carroll Co.

13. NAME D. D. Wallace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co.

15. MAIDEN NAME Nancy Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co.

17. INFORMANT (ADDRESS) Fewell Cunningham, Wichita Falls, Tex.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wichita Falls, Tex. DATE Dec 12 35

19. UNDERTAKER (ADDRESS) Standley, Carrollton, Mo.

20. FILED 12-11 1935 With Perkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 4 1935 to Dec 9 35
I last saw her alive on Dec 9 1935. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Internal Infection
OTIB

Other contributory causes of importance: Myocardial Heart failure

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? Mr.
If so, specify _____
(Signed) R. Hamilton Staten, M. D.
(Address) Carrollton, 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.

