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.

SEP 24 1936

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

Do not use this space.

31350

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. Freeman Hospital St. Ward)

2. FULL NAME Claude Melvin Cunningham
(a) Residence, No. 316 E. 11th St., Ward. Pittsburg, Kan.
(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: M
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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-13-1902
7. AGE: YEARS 34 — MONTHS 5 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Litchfield, Kan.

FATHER
13. NAME Orval Cunningham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Ind.

MOTHER
15. MAIDEN NAME Katie McLaughlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlisle, Ill.

17. INFORMANT (ADDRESS) Katie McLaughlin Pittsburg, Kansas
18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Pittsburg, Kan. DATE 8-8 1936
19. UNDERTAKER (ADDRESS) Bowman Med. Co. Pittsburg, Kan.
20. FILED 8-8 1936 Ed D Jasmine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1936 to 8-8, 1936
I last saw him alive on 8-7, 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
107a	

Other contributory causes of importance:
Exposure

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? no
If so, specify .....
(Signed) Daniel R. Hill, M. D.
(Address) Joplin, Mo.