

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.

1936-9-13  
18 57-10-13  
78-10-27

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

Do not use this space.

OCT 21 1936

35404

1. PLACE OF DEATH  
County St. Francois Registration District No. 773  
Township Farmington Primary Registration District No. 4464  
City Farmington St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Milton Cunningham  
(a) Residence, No. Farmington St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 37 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Esther Cunningham</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 13<sup>th</sup> 1897</u>				
7. AGE	YEARS <u>49</u>	MONTHS <u>10</u>	DAYS <u>27</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>Labor</u>			
	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) <u>17 years</u>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Farmington St. Francois Co</u>				
FATHER	13. NAME <u>James Milton Cunningham</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co</u>			
MOTHER	15. MAIDEN NAME <u>Nellis Laws</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>			
17. INFORMANT (ADDRESS) <u>Mary Esther Cunningham</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Our Lady</u> DATE <u>Sept. 12 Sept. 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Farmington, Ind. Co</u>				
20. FILED <u>Sept 11 1936</u> <u>V. J. Robinson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1936

22. I HEREBY CERTIFY, that I attended deceased from Aug 13 1936 to Sept 10 1936  
I last saw him alive on Sept 10 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Prostatitis  
Uremia  
General Arteriosclerosis  
Other contributory causes of importance  
Bleeder Drainage  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Uremia 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) R. P. H. [Signature], M. D.  
(Address) [Address]

