

JAN 9 1937

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

Do not use this space.

*W. H. Shell*

File No. 44455  
Registered No. 1088  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Amphibol No 311 Primary Registration District No. 2001  
City for Joseph B. Cunningham St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1862

7. AGE YEARS 74 MONTHS 5 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M.D.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician  
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 28 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

13. NAME Josiah Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Elinor Jane Horton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Missouri

17. INFORMANT (ADDRESS) Mrs W. G. Schloesser

18. BURIAL, CREMATION, OR REMOVAL PLACE AND DATE Springfield Mo Dec 27 36

19. UNDERTAKER (ADDRESS) Springfield Mo

20. FILED Dec 29 1936 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1936 to Dec 28 1936

I last saw him alive on Dec 29 1936 Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical 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) W. H. Shell, M. D.

(Address) Springfield 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.

