

DEC 3 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Pemiscot  
Township Hayti  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 65-3  
Primary Registration District No. 5864

File No. 48654  
Registered No. 129

## 2. FULL NAME

NEW BORN Mrs. & Mrs. Matic 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Infant.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.  
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) near Hayti, Mo13. NAME Martin Comedelin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Hayti, Mo15. MAIDEN NAME Matic Cunningham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada, Quitch, Mo17. INFORMANT (ADDRESS) James A. Cunningham, Hayti, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Near Hayti DATE 7-25 193619. UNDERTAKER (ADDRESS) No Undertaker20. FILED 7-26 1936 J. P. Rhodes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25 193622. I HEREBY CERTIFY, That I attended deceased from Still birth, 1936, to 7-25, 1936

I last saw h. ✓ alive on \_\_\_\_\_, 1936. Death is said to have occurred on the date stated above, at ? m.

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

Still birth  
Prematurity  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

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

What test confirmed diagnosis? 378 Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936

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) Addley, M. D.(Address) Hayti, 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.

