

FEB 25 1937

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

(Do not use this space.)

49206

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City, Mo.

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3423 Baltimore St. Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1936, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1, 1936

I last saw him alive on October 1, 1936 Death is said to have occurred on the date stated above, at 12:00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 _____

Prematurity
5 1/2 months gestation
Date of onset Oct 1, 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

Other contributory causes of importance _____

13. NAME Paul Johnson Cunningham

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blairtown Mo.

What test confirmed diagnosis? _____ Was there an autopsy? Yes

15. MAIDEN NAME Helen Marie Helton

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicassaw Okla.

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Father

Manner of injury _____
Nature of injury _____

18. ~~BURIAL~~ CREMATION OR REPOSING PLACE Kearachi Suburbs DATE 10-21, 1936

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. UNDERTAKER (ADDRESS) _____

(Signed) Harry R. Staley, M. D.
(Address) North Kansas City, Mo.

20. FILED _____ 19____ Registrar.

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.

