

MAR 25 1937

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

J.R. Bradley
Do not use this space.
Please return
File No. 9015
Registered No. 3
St. Ward

1. PLACE OF DEATH

99 County Scotland
Township Thompson
City Waukegan (No. _____)

Registration District No. 812
Primary Registration District No. 60E-3

2. FULL NAME

(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 Female 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 Arminde Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 5 28

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

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) Amsterdam Ind.

13. NAME Rahb. Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Rachel Moyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Arminde Cunningham

18. BURIAL, CREMATION, OR REMOVAL PLACE Waukegan DATE Feb 23, 1937

19. UNDERTAKER (ADDRESS) Waukegan Ind.

20. FILED 2/23 1937 PPA Balan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1937 to Feb 20, 1937

I last saw h. alive Feb. 17, 1937 Death is said

to have occurred on the date stated above, at 10:00 pm.

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

Cerebral Apoplexy Date of onset

Other contributory causes of importance: Chronic Myocarditis

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?

If so, specify _____

(Signed) J.R. Bradley M. D.

(Address) Waukegan Ind.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

20 22 22

