

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

Do not use this space.

APR 22 1937

12702

1. PLACE OF DEATH

County Monroe
Township Merion
City Merion (No. _____ St. _____ Ward _____)

Registration District No. 579
Primary Registration District No. 57765

File No. _____
Registered No. _____

2. FULL NAME

Ben Thomas Cunningham (Cunningham)

(a) Residence, No. _____ St. _____ Ward _____

(If nonresident, give city or town and State)

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.

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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1919, to March 11, 1937.
I last saw him alive on March 11, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/11/1870

to have occurred on the date stated above, at Merion.

7. AGE YEARS 79 MONTHS 2 DAYS _____ If LESS than 1 day, _____ hrs. _____ min.

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

Arterial Sclerosis Date of onset _____

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 _____

Other contributory causes of importance None

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

13. NAME Andrew Cunningham

Name of operation None Date of _____

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

What test confirmed diagnosis? Cholera Was there an autopsy? No

15. MAIDEN NAME Sarah Duncan

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____

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

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 Paul C. Davis (ADDRESS) _____

Manner of injury None

18. BURIAL, CREMATION, OR REMOVAL PLACE Merion DATE 2/12, 1937

Nature of injury None

19. UNDERTAKER Paul C. Davis (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

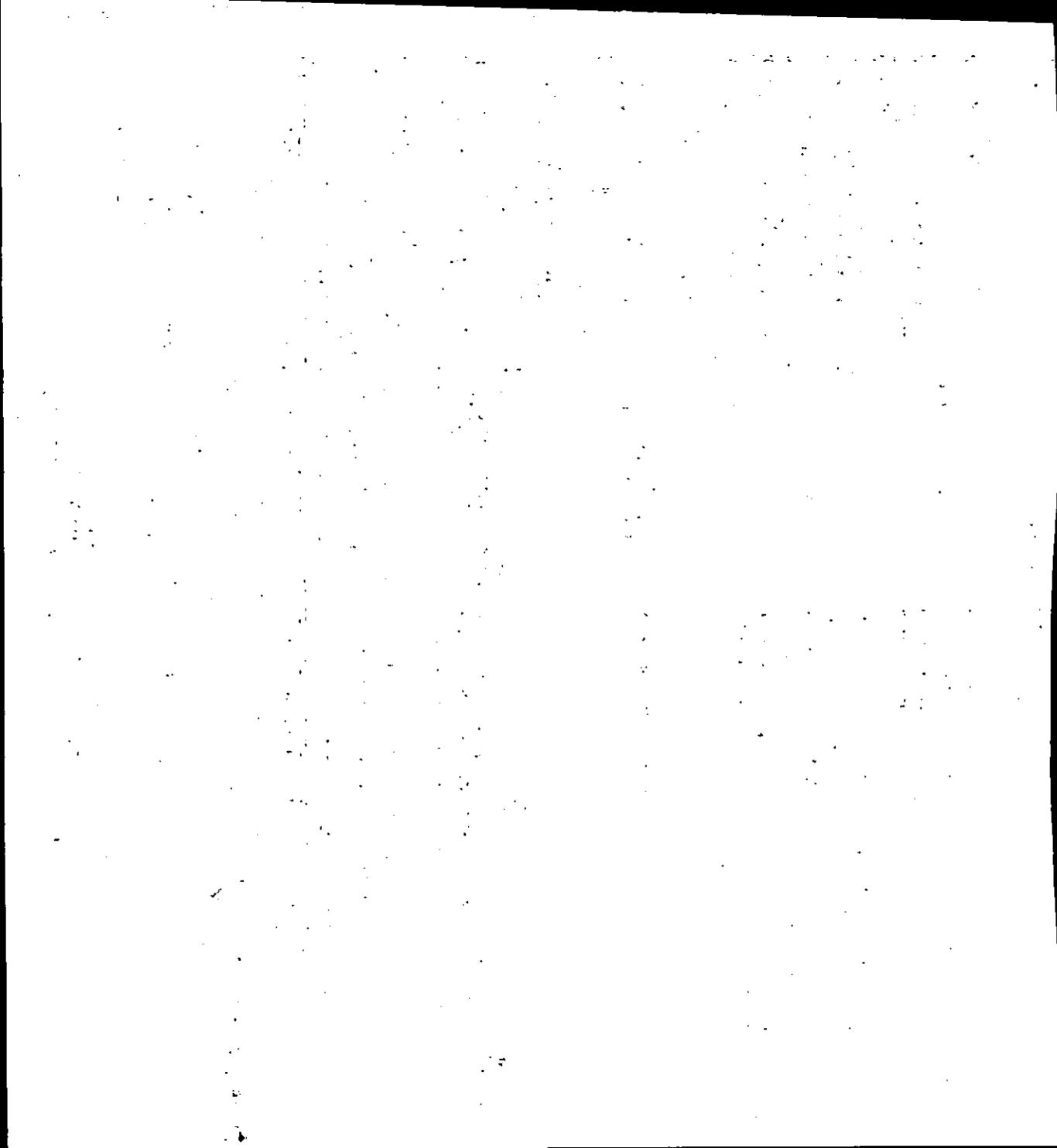
If so, specify _____

20. FILED 2/11 1937 Paul C. Davis Registrar

(Signed) Paul C. Davis, M. D.

(Address) Merion, Mo.

Exact statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monroe
Township Marion
City _____

Registration District No. 579
Primary Registration District No. 5776B

File No. 12702
Registered No. _____

2. FULL NAME

Ben Thomas (Cunningham)
St. _____ Ward _____

(a) Residence No. _____
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/11-1857

7. AGE YEARS 79 MONTHS 7 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Missouri

13. NAME _____

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

15. MAIDEN NAME Sarah Queen

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE 3/13 19 _____

19. UNDERTAKER (ADDRESS) F. Thompson
Madison mo

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____. I last saw h..... alive on _____, 19____. 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:

arterio sclerosis
Date of onset _____
Other contributory causes of importance: _____

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) Paul C. Hairs, M. D.
(Address) Madison mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

OCCUPATION is very important.

5-12702