

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH.

County..... **HOMER G PHILLIPS HOSPITAL 791**
 Registration District No.....
 Township.....
 Primary Registration District No..... **1003**
 City..... **St. Louis, Mo.** (No....., Ward.....)

File No..... **21820**
 Registered No..... **5572**
 St..... Ward.....

2. FULL NAME Mary Cunningham

(a) Residence, No. 2808 Delmar St. 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 60 1 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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 William Keeton

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

15. MAIDEN NAME America Hunt

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

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE June 5, 1937

19. UNDERTAKER (ADDRESS) E. L. Garner 2829 Washington

20. SIGNATURE J. H. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-22- 19 37 to 5-30- 19 37

I last saw her alive on 5-30- 19 37 Death is said to have occurred on the date stated above, at 6:45 m. p. m.

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

Lymphangitis of Ulna following X Ray treatment for Cancer of Ulna Date of onset 5-22-37

Other contributory causes of importance: None

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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?
 If so, specify.....
 (Signed) Thomas C. Whittier M. D.
 (Address) 2601 N Whittier

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.

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JUN 5 1937

