AUG 25 1937

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

Do not use this space.

27685

1. PLACE OF DEATH
County Linn — Registration District No. 496 — File No.
Township — Primary Registration District No. 3025 — Registered No. 54
City Brookfield (No. Brookfield Hospital St. Ward)

2. FULL NAME Mrs Betty Cunningham
(a) Residence, No. Mendon Mo 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8th 1872

7. AGE — YEARS 64 — MONTHS 9 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) July 16 37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendon Mo

FATHER
13. NAME Daniel Newcomer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connelsville Pa

MOTHER
15. MAIDEN NAME Ellen Barnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendon Ill

17. INFORMANT (ADDRESS) Mrs Ella Lewis Mendon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newcomer DATE July 19 1937

19. UNDERTAKER (ADDRESS) S. L. Leipard Mendon Mo

20. FILED Aug 9 1937 J. N. H. Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July -17- 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1937, to July 17, 1937
I last saw him alive on July 17, 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	July 17 37

Other contributory causes of importance:

Fracture Left hip (Fall in home)	July 16 37

Name of operation none 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? Accident Date of injury July 16, 1937
Where did injury occur? Chariton Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall
Nature of injury Fracture of Hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. N. H. Lucas, M. D.
(Address) Brookfield 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.