

Burks

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

Do not use this space.

1. PLACE OF DEATH  
 County St. Francois Registration District No. 773 File No. 3946  
 Township \_\_\_\_\_ Primary Registration District No. 4464 Registered No. 4  
 City Farmington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Jessie Adeline Cunningham 559  
 (a) Residence, No. \_\_\_\_\_ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos M. Cunningham  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-14-1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 0 20  
 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. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937, to Jan 3, 1938  
 I last saw her alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 9:25 am.  
 The principal cause of death and related causes of importance were as follows:

Bronchial asthma + infirmities  
Date of onset Dec 27 1937

Other contributory causes of importance:  
W

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Genevieve Co, Mo  
 13. NAME Samuel Arter  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francois Co, Mo  
 15. MAIDEN NAME Jessie A. Edwards  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Genevieve Co, Mo  
 17. INFORMANT Day Cunningham  
 (ADDRESS) 4966 Reber Pl. St Louis Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Ann Woodman DATE Jan 5 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? operation 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 \_\_\_\_\_

19. UNDERTAKER Wesley Truck Co  
 (ADDRESS) Farmington Mo  
 20. FILED Jan 3 1938 B. J. Robinson  
 Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Paul T. Burks D. M. D.  
 (Address) Farmington 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.

RECEIVED

FEB 28 1938

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