

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 should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

DEC'D SEP 21 1938

1. PLACE OF DEATH

39 County Greene
Township Taylor
City _____ (No. _____) St. _____ Ward _____

Registration District No. 944
Primary Registration District No. 5438

File No. 28961
Registered No. 12

2. FULL NAME

George Allen Cunningham

(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 Male 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 Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 7

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

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Lucy Brake

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

17. INFORMANT Wm. C. Cunningham
(ADDRESS) Koersville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palm Springs DATE Aug. 26 1938

19. UNDERTAKER Talley Ferrell
(ADDRESS) Koersville Mo.

20. FILED Sept 1 1938 Chas. F. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Aug 24, 1938
Last saw him live on Aug 20, 1938. Death is said to have occurred on the date stated above, at 0:30 p.m.

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

Carcinoma of the stomach
Other contributory causes of importance: Hb.

Name of operation none Date of _____
What test confirmed diagnosis? X-ray 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) W. Ferrell, M. D.
(Address) Springfield Mo.

