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

REC'D APR 24 1939

Do not use this space.

Dr Schultz

File No. 11283

Registered No. 12

1. PLACE OF DEATH
County Knox Registration District No. 439
Township Greensburg Primary Registration District No. 5596
City Greensburg St. Ward)

2. FULL NAME Mrs Edna Cunningham
(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

3. SEX Female
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 Will Cunningham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1879
7. AGE YEARS 59 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Adair Co Mo

FATHER
13. NAME Dr James Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

MOTHER
15. MAIDEN NAME Georgana Pettit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

17. INFORMANT (ADDRESS) Will Pettit Greensburg Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greensburg DATE Mar 23 1939
19. UNDERTAKER (ADDRESS) Gert H Baskett Memphis Mo
20. FILED April 3, 1939 Mrs C M Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 13, 1939, to Mar 21, 1939
I last saw alive on Mar 21, 1939. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia	Mar 12

Other contributory causes of importance: 11A

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) F. G. Schultz DO ~~M. D.~~
(Address) Baring Mo

District Health Officer No. 15

District File Number 10-39-560

Date Filed APR 14 1939