

MAY 16 1939

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

15102  
Do not use this space:

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 400  
 (b) Township Prairie 1 Primary Registration District No. 5553B Registered No. 100  
 (c) City Little Blue, Mo (d) Street No. Jackson Co Home St.  
 (e) Length of residence in city or town where death occurred 5 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William CUNNINGHAM

(a) Residence, No. 1624 W. 8th St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1874  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day hrs. min.  
about 65 unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookbinder, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

Common laborer

MEDICAL CERTIFICATE OF DEATH 9.35 PM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-39 19  
 22. I HEREBY CERTIFY, That I attended deceased from 4-1-39 to 4-23-39 19  
 I last saw him alive on 4-23-39 Death is said to have occurred on the date stated above, at 9:35 PM  
 The principal cause of death and related causes of importance, were as follows:

Chronic myocarditis  
 Other contributory causes of importance: ASC

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 13. NAME Don't know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 15. MAIDEN NAME Don't know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Phys Exam Was there an autopsy? no

17. INFORMANT (ADDRESS) County Home Records Little Blue, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Western Dental College  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Flem + Green Street Kc Mo  
 20. FILED 4/28/39 Miss S. Benson Local Registrar.

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 \_\_\_\_\_  
 Cause of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. Booker, M. D.  
 (Address) 2028 Vine St

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Edw. J. Evans*

Licensed Embalmer No. \_\_\_\_\_

*3836*

P. O. Address \_\_\_\_\_

*1819 E 15<sup>th</sup> St  
St. Louis, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**