

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.

1939 MAY 18 1939

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

Do not use this space.

15170

1. PLACE OF DEATH

County Jasper
Township
City Joplin

Registration District No. 411
Primary Registration District No. 2007
No. 314 Pennsylvania St.

File No.
Registered No.
Ward

2. FULL NAME

Fay Etta Reed Cunningham
(a) Residence, No. 314 Pennsylvania St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Dr. Berry Cunningham)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 6 8

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. home
10. Date deceased last worked at this occupation (month and year) February 1, 1939
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg, Kans.

FATHER
13. NAME Charles Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tyro, England

MOTHER
15. MAIDEN NAME Josephine Bailey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fountain Co., Ind.

17. INFORMANT Mrs. Josephine Miller (ADDRESS) 314 Pal Joplin, Mo

18. PLACE OF CREMATION OR REMOVAL PLACE Mt. O'Lin, Pittsburg, Mo. 1-30 1939

19. UNDERTAKER (ADDRESS) R. Smith, Pittsburg, Kansas

20. FILED 4-30-39 Ed. S. James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1939

22. I HEREBY CERTIFY that I attended deceased from April 18, 1939, to April 18, 1939. I last saw him alive on April 18, 1939. Death is said to have occurred on the date stated above, at 4:15 P. M. The principal cause of death and related causes of importance were as follows:

Cancer of Bowels
48

Other contributory causes of importance: Primary prob. uterine

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
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. E. [Signature], M. D.
(Address) Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1085-

Date Filed MAY 15 1939