

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

Do not use this space.

23095

1. PLACE OF DEATH

County Wayne
Township Logan
City 552 (No. 552)

Registration District No. 65-
Primary Registration District No. 6192

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

James Delmar 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/19/1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

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

FATHER 13. NAME Earnest Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson ms.

MOTHER 15. MAIDEN NAME Mable Talley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vulcan ms.

17. INFORMANT Earnest Cunningham (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods School DATE Apr. 25, 1940

19. UNDERTAKER neighbors (ADDRESS) 815

20. FILED June 10, 1940 Mrs. M. Preh Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 12 m. idnight

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

Date of onset _____

unknow
found dead by father

Other contributory causes of importance: _____
20018

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) _____, M. D.

(Address) _____

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

