

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Greene
Township Center
or
Village _____
or
City _____ (NO. _____ St., _____ Ward) _____

Registration District No. 320 File No. 34001
Primary Registration District No. 5443 Registered No. 18

FULL NAME David Cunningham (If death occurred in hospital or institution give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single (Write the word)

DATE OF BIRTH Oct 5 1906
(Month) (Day) (Year)

AGE 4 yrs. 1 mos. 7 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Greene Co MO

PARENTS
NAME OF FATHER William S Cunningham
BIRTHPLACE OF FATHER (City or town, State or foreign country) Boone Co Arkansas
MAIDEN NAME OF MOTHER Lottie Fredrick
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Texas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Frestone
(ADDRESS) Springfield Mo
Filed Nov 13 1910 J. T. Freeman REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 5 1910, to Nov 12 1910, that I last saw him alive on Nov 12 1910, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Malaria Fever

38
79 (Duration) _____ yrs. _____ mos. 14 ds.

Contributory Meningeal Double
(SECONDARY) (Duration) _____ yrs. _____ mos. 2 ds.

(Signed) J. T. Freeman M. D.
Nov 13 1910 (Address) Shwood Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 1 yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Clear Creek DATE OF BURIAL Nov 13 1910
UNDERTAKER Jno Johnson (Sexton) ADDRESS Dillard

