

JUN 25 1930

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

Do not use this space.

19751

1. PLACE OF DEATH

County Jasper Registration District No. 408  
Township Tramson Primary Registration District No. 3020  
City Carthage (No. McCune-Broska Hospital St. \_\_\_\_\_ Ward)

2. FULL NAME

Edmond Emmett Cunningham  
(a) Residence. No. Fairview Ave 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 2 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Steam Mechanic  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cleveland, Ohio  
(STATE OR COUNTRY)

PARENTS  
10. NAME OF FATHER Cunningham  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Michigan  
(STATE OR COUNTRY) "  
12. MAIDEN NAME OF MOTHER "  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "  
(STATE OR COUNTRY) "

14. INFORMANT Miss Bessie Cunningham  
(Address) Fairview Ave, Carthage

15. June 7, 1930 ON Hitcham  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1930 to June 6, 1930, and that I last saw him alive on June 6, 1930, and that death occurred, on the date stated above, at 5:05 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

131  
93C  
95B estimate 2 or 3 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 1 Nephritis, chronic  
3 Asthma, Cardiac  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Residence - Carthage  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS Clinical & Laboratory  
(Signed) Emery J. McFester M. D.  
, 19 \_\_\_\_\_ (Address) Carthage

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dudenville Cemetery DATE OF BURIAL June 8, 1930

20. UNDERTAKER Lucell Mortuary ADDRESS Carthage

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.

