

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

Do not use this space.

10959

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1000

City St Louis (No. ....)

File No. ....  
Registered No. 3037  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2919 La Salle St., 18 Ward.

Length of residence in city or town where death occurred

How long in U. S., if of foreign birth?

**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) Feb 25 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 39 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printed Paper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 69 112

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 108 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Alfred Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

15. MAIDEN NAME Flora Hadson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Elizabeth Dird Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris Mo DATE Mar 29 1932

19. UNDERTAKER (ADDRESS) John S. Collins, Broadway 18

20. FILED R 21 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1932

22. I HEREBY CERTIFY That I attended deceased from 3/25 1932 to 3/28 1932  
I last saw him alive on 3/27 1932 Death is said to have occurred on the date stated above, at 100 m.

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

Lobar Pneumonia Date of onset 108  
112 108 7

Other contributory causes of importance: Prochias tetrasa

Name of operation none 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 ..... 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) Chas. C. ... M. D.  
(Address) 385 1/2 ...

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.

MARGIN RESERVED FOR BIRTHING

