

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.

JAN 21 1932

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

38529

Township St. Joseph

Primary Registration District No. 1001

File No.

City St. Joseph Mo

No.

State Hospital for Insane # 2 St. Ward

Registered No. 1247

2. FULL NAME

(a) Residence, No. James H. Cunningham

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1932

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1925, to Dec 16 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4, 1890

I last saw him alive on Dec 14 1932 Death is said to have occurred on the date stated above, at 3:45 a.m.

7. AGE YEARS 47 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switchman 108

Lobar Pneumonia
Lung Abscess
Lobar Pneumonia
Date of onset 12/14/32

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 1148

10. Date deceased last worked at this occupation (month and year) Dec 1, 1931
11. Total time (years) spent in this occupation 8 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stauberly Mo 1

Other contributory causes of importance: Mental Deficient 2/12/25

13. NAME John Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

Name of operation 108 Date of operation

15. MAIDEN NAME Lydia Millwood

What test confirmed diagnosis Was there an autopsy? Yes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo 1

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

17. INFORMANT (ADDRESS) Records State Dept St. Joseph Mo

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cem DATE Dec. 19 1932

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) Heaton, Bell & Bauman 319 S. 10th Annual Home

Manner of injury Nature of injury

20. FILED DEC 17 1932 John R. Bender Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. C. Smith M. D.

(Address) 214 S. Hook # 2 St. Joseph Mo

