

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

Do not use this space.

8726

1. PLACE OF DEATH

County Bolt
Township Patton
City Patton (No. _____) St. _____ Ward _____

Registration District No. 374
Primary Registration District No. 5521

File No. 157
Registered No. 157

2. FULL NAME

Jamescott Cunningham

(a) Residence No. _____ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 1934

7. AGE YEARS 68 MONTHS 7 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Dec 1932 11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Scotland

13. NAME Archibald Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Archibald Cunningham Scotland

15. MAIDEN NAME Marion Scott

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

17. INFORMANT (ADDRESS) Joe H. Murray

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Feb 31 1934

19. UNDERTAKER (ADDRESS) J Fred Urbane

20. FILED Apr 10 1934 Clavel D. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1933, 1933, to March 29 1934, 1934

I last saw him alive on March 18 1934. Death is said

to have occurred on the date stated above, at 9 A. M.

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

Multiple Sclerosis Date of onset 1929
Exact pathology undetermined

Other contributory causes of importance:
Trunk Pain 1910
4 removed at different times!

(Name of operation None Date of _____)

What test confirmed diagnosis? None 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? no
(Specify city or town, county, and State)

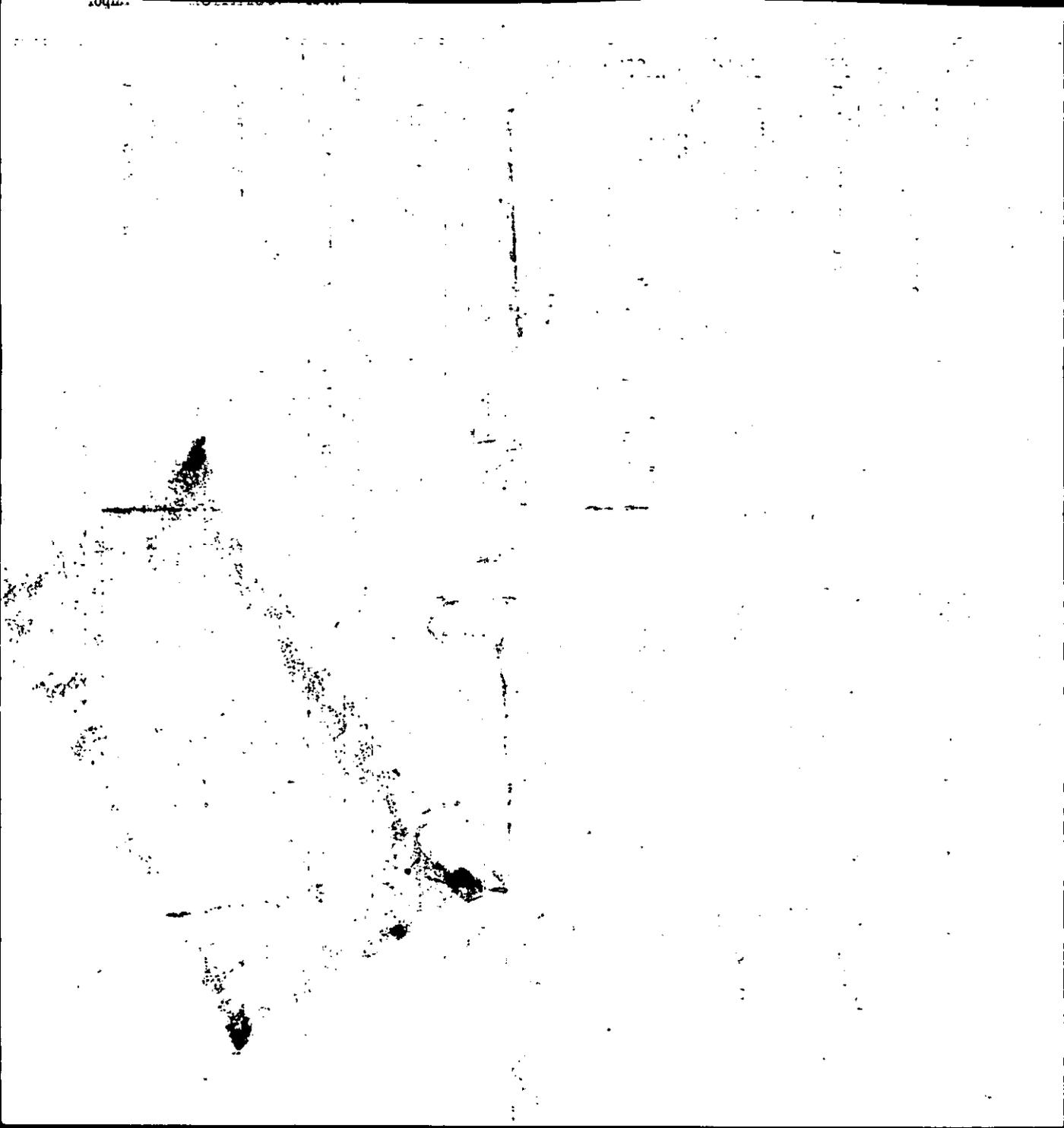
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury same
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) C. F. Murray, M. D.
(Address) Argon, Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Holt
Township Fairfax
City Fairfax (No. _____)

Registration District No. 374
Primary Registration District No. 5521

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

2. FULL NAME

James Scott 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1865

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

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____ C. J. Harper Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1934

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

I last saw him _____ alive on _____, 19_____ Death is said

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

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

RECORDS IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD BY EVERY IMPORTANT

S-8726