

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

Do not use this space.

OCT 21 1936

34036

1. PLACE OF DEATH

County Dunklin
Township Union
City Waverly (No. _____) St. _____ Ward _____

Registration District No. 282
Primary Registration District No. 4166

File No. _____
Registered No. _____

2. FULL NAME

Jack Raymond 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-8-1922</u>		
7. AGE	YEARS	MONTHS
	<u>14</u>	
		DAYS
		<u>27</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Bus</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School Bus</u>
	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) Ill

FATHER 13. NAME A Cunningham

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Fattie Bowling

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Mother

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Mo DATE Sept 6 1936

19. UNDERTAKER (ADDRESS) Landess & Sons Campbell Mo

20. FILED Sept 6 1936 C W Landess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1936, to Sept 5, 1936.
I last saw him alive on Sept 5, 1936. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

apoplectic Date of onset 8-26

Other contributory causes of importance:
General peritonitis

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 _____, 1936

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) John L Brown, M. D.
(Address) Campbell Mo

WRITE PLAINLY, WITH UNDECIPHERED HANDWRITING.

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.

