

REC'D SEP 16 1938

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

28191
 Do not use this space.

1. PLACE OF DEATH
 (a) County Andrew Registration District No. 15
 (b) Township platt Primary Registration District No. 5019 Registered No. 8
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maggie Cunningham
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1853

7. AGE YEARS 77 MONTHS 2 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as 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) Andrew co mo

FATHER
 13. NAME George Morrison
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known Ohio

MOTHER
 15. MAIDEN NAME Thursa Thoroughman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known un known

17. INFORMANT Hettie Board
 (ADDRESS) platt mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Savannah DATE aug 28 1938

19. FUNERAL DIRECTOR S. B. Brit
 (ADDRESS) Savannah mo

20. FILED aug 31 1938 Mrs E C Jeffery
 (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938, to Aug 25 1938.
 I last saw her alive on Aug 25 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Tubercular Peritonitis Date of onset 75

Other contributory causes of importance: 8

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

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? no
 If so, specify
 (Signed) V. B. Wilson, M. D.
 (Address) Randall mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE FAIRLY, 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.

I 1 X12604

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)