

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

Do not use this space.

2180

1. PLACE OF DEATH

94 County St. Francois Registration District No. 773
 Township Wedge Primary Registration District No. 6018A
 City Wedge St. _____ Ward _____

File No. _____
 Registered No. 10

2. FULL NAME

Sarah C. 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 8 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>8</u>	<u>28</u>	

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

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) Farmington Mo.

13. NAME Levee Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, 2

15. MAIDEN NAME Fannie Doan

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

17. INFORMANT C. Cunningham
 (ADDRESS) Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hall River DATE Jan 24, 1932

19. UNDERTAKER Farmington Co.
 (ADDRESS) Farmington Mo.

20. FILED Jan 24, 1932 B. S. Roberson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 19, 1932

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

I last saw h. _____ alive on Nevada, 19____. Death is said to have occurred on the date stated above, at 8 A m.

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

Angina Pectoris?
grip History of being on nerves
 Other contributory causes of importance: 94 W

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) R. Appberry, M. D.

(Address) Farmington Mo

FEB 25 1932

