19 yrs.

1936-9-10
1857-10-13
78-10-27

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

OCT 21 1936

Do not use this space.

35404

File No.
Registered No. 165

1. PLACE OF DEATH
County St Francois
Township
City Farmington
Registration District No. 773
Primary Registration District No. 4464
St. Ward)

2. FULL NAME James William Cunningham

(a) Residence, No. Farmington St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13th 1857

7. AGE — YEARS: 78 | MONTHS: 10 | DAYS: 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) 17 years
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Farmington St Francois Co Mo

FATHER

13. NAME James Milton Cunningham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francois Co

MOTHER

15. MAIDEN NAME Nellie Laws
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mary Esther Cunningham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park View DATE Sat. 12 Sept 1936

19. UNDERTAKER (ADDRESS) Farmington Undertaking Co

20. FILED Sept 11 1936 W. L. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1936 to Sept 10 1936
I last saw him alive on Sept 10 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Prostatitis	
Uraemia	
Senile Arteriosclerosis	

Other contributory causes of importance

Bladder Drainage

Name of operation Date of
What test confirmed diagnosis Clinical 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?
If so, specify
(Signed) Ralph Cunningham, M. D.
(Address) Farmington Mo

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.