

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

Do not use this space.

JUL 8 - 1937

21761

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City St. Louis Mo. (No. Barnes Hospital) St. Ward **5513**

2. FULL NAME William Ellis Cunningham

(a) Residence, No. St. W. R. Ward. Flat River Mo.
 (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 Dellia Aubuchon Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 12th, 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	60	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joseph Lead Co.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Abt. 36

12. BIRTHPLACE (CITY OR TOWN) St. Francois County
 (STATE OR COUNTRY) Missouri

13. NAME Ellis B. Cunningham
 14. BIRTHPLACE (CITY OR TOWN) St. Francois County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Martha Speedling
 16. BIRTHPLACE (CITY OR TOWN) St. Francois County,
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Dellia Cunningham
 (ADDRESS) Flat River, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Flat River, Mo. DATE June 4th, 1937

19. UNDERTAKER Albert H. Hoppe Inc.
 (ADDRESS) 429 N. Euclid Avenue

20. FILED J. J. Redach
 (Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 - 24 - 1937, to 6 - 1 - 1937

I last saw him alive on 6 - 1 - 1937. Death is said to have occurred on the date stated above, at 12:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy = acute urinary obstruction
Renal failure
Basal pneumonia, bi-lateral
 Other contributory causes of importance: 107

Name of operation Prophylactic Castration Date of
 What test confirmed diagnosis? Was there an autopsy? yes

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) F. R. Bradley, M. D.
 (Address) St. Louis, 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.

JUN 8 1937

