

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

Do not use this space.

1835

1. PLACE OF DEATH

68 County Monticau Registration District No. 571  
1 Township Wicks Primary Registration District No. 4335  
2 City California (No. ....) St. .... Ward .....

File No. ....  
Registered No. 4

2. FULL NAME Martha Delila 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 - 1855</u>				
7. AGE YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>17</u>	If LESS than 1 day, .... hrs. or .... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) Monticau Co Mo

MOTHER FATHER 13. NAME Mrs. Alley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cal Co Mo

15. MAIDEN NAME Jane Stout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cal Co Mo

17. INFORMANT (ADDRESS) J. H. Alley California

18. BURIAL, CREMATION, OR REMOVAL

PLACE Flag Spring DATE 1/12 1932

19. UNDERTAKER (ADDRESS) William & Friedmeyer California Mo

20. FILED Jan 12 1932 J. H. Alley Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 11 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 12 - 27, 1931, to 1 - 11 -, 1932

I last saw him alive on 1 - 10 -, 1932. Death is said to have occurred on the date stated above, at 2 A. m.

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

Chronic Bronchitis Date of onset

Other contributory causes of importance: 106B

106B

Other contributory causes of importance: 106B

106B

Name of operation 1 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

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) H. R. Popejoy, M. D.

(Address) California 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. FEB 24 1932

