

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

Do not use this space.

40014

JAN 16 1936

1. PLACE OF DEATH
 County Jefferson Registration District No. 421
 Township Adelma Primary Registration District No. 3575
 City St. Louis (No. _____) St. _____ Ward _____

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Miles P. Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>80</u>	<u>3</u>	<u>29</u>	

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

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) Plattin, Mo

13. NAME Joseph M. Mullin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Argeline Pinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattin, Mo

17. INFORMANT Mrs. Mary Litton
(ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Raphael's 12/19/35

19. UNDERTAKER Richard Co
(ADDRESS) St. Louis

20. FILED 1/19 1935 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17 1935

22. I HEREBY CERTIFY, That I attended deceased from December 16th, 1935, to December 17th, 1935.
 Deceased was h. or alive on December 16, 1935. Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:
Potomifin poisoning

Date of onset Dec. 13/35

Other contributory causes of importance: _____

Name of operation _____ 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. M

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Clarence C. Crosby D.O.
 (Address) 204 Main St. Fenton, Mo.

WRITE PLAINLY, 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.

