

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

Do not use this space.

2962

**1. PLACE OF DEATH**

94 County St. Francois Registration District No. 779  
Township Randolph Primary Registration District No. 6024A  
City Cartwell (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Homer Lee Cunningham  
(a) Residence, No. Cartwell Mo 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20-1925</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>8</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>	
	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) <u>Cartwell</u>		
FATHER	13. NAME <u>Wilburn Cunningham</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Homes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co Mo</u>	
17. INFORMANT <u>Wilburn Cunningham</u> (ADDRESS) <u>Cartwell Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Three Rivers C.</u> DATE <u>Jan 13 1933</u>		
19. UNDERTAKER <u>C. J. Bayel</u> (ADDRESS) <u>Desloge Missouri</u>		
20. FILED <u>1-13-33</u> <u>R. B. Kuster</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 27 1932 to 1-11 1933

I last saw him alive on 1-11 1933 Death is said to have occurred on the date stated above, at 10:30 am.  
The principal cause of death and related causes of importance were as follows:  
endocarditis with acute dilatation  
Date of onset unk

Other contributory causes of importance:  
bilus pneumonia of influenza origin

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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? no  
If so, specify \_\_\_\_\_  
(Signed) Harold C. Goebel, M. D.  
(Address) Desloge 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.

