

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

1 PLACE OF DEATH

County Adair
Township Benton
or
Village
or
City Kirksville

Registration District No. 4
Primary Registration District No. 3001

File No. 37825
Registered No. 193

2 FULL NAME Thos. M. McCully

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED married
WIDOWED OR DIVORCED
(Write the word)

16 DATE OF DEATH 11 16 1918
(Month) (Day) (Year)

6 DATE OF BIRTH Oct. 12 - 862 June 7 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 15 1918
that I last saw him alive on Nov 12 1918

7 AGE 56 yrs. 1 mos. 4 ds. If LESS than 1 day, hrs. or min.?

and that death occurred, on the date stated above, at 7 A.M.

8 OCCUPATION (a) Trade, profession, or particular kind of work Coal Dealer
(b) General nature of industry business, or establishment in which employed (or employer)

The CAUSE OF DEATH* was as follows:

Mitral incompetency with dilatation
131

9 BIRTHPLACE (City or town, State or foreign country) Shelby Co., Mo.

(Duration) 3 yrs. mos. ds.

10 NAME OF FATHER Wm McCully

CONTRIBUTORY albuminuria
(Secondary)

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Randolph Co., Mo.

(Duration) 2 yrs. mos. ds.

12 MAIDEN NAME OF MOTHER Frances Yates

(Signed) J. W. M. M. D.

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

(Address) 707 W. Main

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

(Informant) Mrs Fannie McCully

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Address) Kirksville Mo.

At place of death yrs. mos. ds. In the State yrs. mos. ds.

15 Filed 11/17 8 U. W. P. P. Registrar

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Highland Park DATE OF BURIAL Nov 17 1918

20 UNDERTAKER David Wilson ADDRESS Kirksville

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.

