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.

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

Do not use this space.

1349

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. [illegible] — Registered No. 395
City Kansas City (No. Heatley Provident St. Ward)

2. FULL NAME Cornelius Cullors
(a) Residence. No. 1911 E 12th 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: M
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 2, 1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
28	10	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Porter
(b) General nature of industry, business, or establishment in which employed (or employer) Mrs Stover's
(c) Name of employer Bungalow Candy Shop

9. BIRTHPLACE (CITY OR TOWN) Dallas
(STATE OR COUNTRY) Texas

PARENTS
10. NAME OF FATHER Jabus Cullors
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Lizzie Young
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT Willae Mae Bolden
(Address) Houston Texas

15. FILED Jan 28, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 — 28 — 1927 1/27/27

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Amputation of left foot (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septicemia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-21-27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) [illegible], M. D
1/28/27 19 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Blue Ridge Lawn — DATE OF BURIAL: 1/28 1927

20. UNDERTAKER: Watkins Bros — ADDRESS: 1729 Lydia

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township — Primary Registration District No. 1002 — Registered No. 396
City Kansas City Mo (No. ..... St. ..... Ward)

2. FULL NAME Cornelius Cullers

(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: M
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 1 28 26 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22, 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Amputation of left foot
Fracture of left ankle (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Septicemia
Infection (duration) (Mixed) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 199
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? 48
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
Jan 22 27 (Signed) [illegible], M. D
1927, 19 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER Watkins — ADDRESS

SUPPLEMENTARY

OFFICE OF
CORONER
JACKSON COUNTY, MISSOURI
HARVEY E. MOSS, M. D., CORONER
KANSAS CITY, MO.
HARRISON 8500

CHAS. S. NELSON, M.D., CHIEF DEPUTY
L. W. TURNER, M.D., (COL.) DEPUTY
RICHARD F. BOONE, M.D., INVESTIGATOR
ROY CASEY, RECORD DEPUTY
HORACE GUFFIN, ATTORNEY
W. R. ROSS, SECRETARY

May 23, 1927

M. M. Crow
Health Department
City Hall
Kansas City, Mo.

Dear Madam:

IN RE: CORNELIUS CULLERS

This man was in a fight and in the altercation was thrown down the stairway and the ankle was fractured; he was taken to the hospital and treated where an infection developed, necessitating an amputation and he died from Septicemia following the amputation of the left foot.

Respectfully,

L.W. Turner

L.W.T:M.

S(2)-1349