

P 25 1928

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

Do not use this space.

1. PLACE OF DEATH

County Stearns  
Township Windsor  
City Windsor (No. ....)

Registration District No. 14  
Primary Registration District No. 42.11

File No. 27082  
Registered No. 29  
St. .... Ward

2. FULL NAME

Ruth Larine McCullough

(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)

Single

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

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

7/12/1927

7. AGE

YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
1 78

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Pleasant Hill Mo

10. NAME OF FATHER

Ora R. McCullough

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Crookston Illinois

12. MAIDEN NAME OF MOTHER

Nancy Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Falconsade Co. Mo.

14.

INFORMANT Ora McCullough  
(Address) Windsor Mo

FILED Aug 10 28 J. B. Denning  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 9 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 6th 1928 to Aug 9th 1928 (that I last saw him alive on Aug 8th 1928 and that death occurred, on the date stated above, at 8 1/2 a.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chrysostoma Septic  
1918 Illness, Collitis  
1068

CONTRIBUTORY (SECONDARY)

1138 (duration) 8 yrs. 8 mos. 8 ds.  
Sub acute Bronchitis About 6 years (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: None

19. DID AN OPERATION PRECEDE DEATH? DATE OF

None

20. WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. E. Bradley, M. D.  
, 19 (Address) Windsor Mo.

\*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

Laurel Oak, Windsor

DATE OF BURIAL

8/10 1928

20. UNDERTAKER

J. B. Hawes

ADDRESS

Windsor Mo

X. 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.

M. E. Bradley