

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

Do not use this space.

35304

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **Mullanphy Hospital**

File No.
 Registered No. **10291**
 St. Ward)

2. FULL NAME

Dave McCullough
 (a) Residence. No. **608² Bates** St. **1** 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 Male
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 Catherine McCullough
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 65 | 8 | 14 |
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Purchasing agent
 (b) General nature of industry, business, or establishment in which employed (or employer) Paper
 (c) Name of employer

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

14. INFORMANT John McCullough
 (Address) 608² Bates St

15. FILED OCT 20 1928
 505 E. Starbuck St
 1928

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1928
17. I HEREBY CERTIFY That I attended deceased from Oct 17, 1928, to Oct 18, 1928, that I last saw him alive on Oct 18, 1928, and that death occurred, on the date stated above, at 1:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 Uræmia
 131
 132-B
 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) DISEASES Cardiac muscle renal disease
 (duration) yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED 129 W
 IF NOT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF -
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Urin. Alga
 (Signed) R. Remmett Kane, M. D.
 Oct 18, 1928 (Address) 1117 N. 3rd

*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 Calvary
DATE OF BURIAL 10/22 1928
20. UNDERTAKER Southern
 ADDRESS 7315 S Broadway

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.

