

JAN 25 1928

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

Do not use this space.

41947

1. PLACE OF DEATH

County Pemiscot

Registration District No. 651

File No. _____

Township _____

Primary Registration District No. 4388

Registered No. 152

City Camdenville (Name) _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Carrollsville Mo 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)

5-14-25

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>3</u>	<u>6</u>	<u>26</u>	

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)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

W. C. McCulloch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Ella Kirk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

14. INFORMANT

W. C. McCulloch
(Address) Carrollsville Mo

15. FILED

Jan 10 1928
Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10th 19 28

17. I HEREBY CERTIFY, That I attended deceased from 10:00 PM Dec 10th 19 28 to Dec 10th 19 28

that I last saw him alive on Dec 10th 19 28, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Membranous (roup)
10 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. C. McCulloch, M. D.
Carrollsville Mo, 19 28 (Address)

*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

Maple Cemetery Dec 11, 19 28

20. UNDERTAKER

H. B. Smith
Camdenville Mo

N. B.—Every item of information should be carefully supplied. A false statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

