

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

Do not use this space.

17062

1. PLACE OF DEATH

County Warren

Registration District No. 581

Clinton

Primary Registration District No. 6171

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

William Paul Cullom

(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

Male

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)

April 10th 1929

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 2 hrs. or 2 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)

Warrenton Mo

10. NAME OF FATHER

William Cullom

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Case

12. MAIDEN NAME OF MOTHER

Elva Holland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pondleton, Missouri

14. INFORMANT

(Address)

William Cullom
Warrenton, Mo.

15. FILED

April 29 1929 AW Warrenton

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11th 1929

17. HEREBY CERTIFY, That I attended deceased from _____
that I last saw him alive on _____, 19____, and that
death occurred on the date stated above, at _____
A. M. P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Miscellaneous Premature
birth
lived 2 hours

CONTRIBUTORY (SECONDARY) _____

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) John H. DeWitt, M. D.

(Address) Warrenton 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

Warrenton City Cem

DATE OF BURIAL

4/11th 1929

20. UNDERTAKER

F. W. Fubing

ADDRESS

Warrenton Mo

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

RECORD WITH CONTINUING IMPORTANCE IS A PERMANENT RECORD

MAY 29 1929

