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

Do not use this space.

28235.

File No. 68

Registered No.

1. PLACE OF DEATH
County Lafayette
Township Lexington
City (No. ..... St. ..... Ward)
Registration District No. 461
Primary Registration District No. 3624

2. FULL NAME John Charles Cull

(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): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Cull Sr.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 7 1859
7. AGE: Years 78 | Months 4 | Days 2 | If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Glenmore
(STATE OR COUNTRY): Louisa Co. Va
PARENTS
10. NAME OF FATHER: Geo. Augustus Goodman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Albemarle
(STATE OR COUNTRY): Co. Va.
12. MAIDEN NAME OF MOTHER: Margaret Miles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Va.
(STATE OR COUNTRY)
14. INFORMANT: William Cull Jr
(Address): Lexington Mo.
15. Filed Aug 10. 1929 G. D. Cope Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 9 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1929, to Aug 9, 1929, that I last saw h.er alive on Aug 9, 1929 and that death occurred, on the date stated above, at 5. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
Cerebral Hemorrhage
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY)
Arteriosclerosis
(duration) 3 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) G. D. Cope, M. D
Aug 10, 1929 (Address) Lexington 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: Lexington Mo — DATE OF BURIAL: Aug 11 1929
20. UNDERTAKER: Ernest Hegert — ADDRESS: Lexington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should be careful in giving information should be carefully supplied.