

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

Do not use this space.

30199

File No. _____
Registered No. 152
St. 1 Ward

1. PLACE OF DEATH
County Butler Registration District No. 89
Township _____ Primary Registration District No. 8007
City Poplar Bluff 715 Park St. _____ Ward

2. FULL NAME Clara Daisy Culnan
(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

MEDICAL CERTIFICATE OF DEATH

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 C. T. Culnan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25-1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>45</u>	<u>1</u>	<u>9</u>	

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). _____
(c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/3, 1929, at 9/3, 1929, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 620 a m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
93A

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 31 m
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Birchtree
(STATE OR COUNTRY) Shannon Co. Mo.

10. NAME OF FATHER William B. Dean

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Daisy Bradley
(Address) 9/9, 1929

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical, Laboratory
(Signed) H. F. S. Taylor M. D.
(Address) Poplar Bluff 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.

14. INFORMANT Nellis Culnan
(Address) Poplar Bluff Mo

15. FILED Sept 29 1929 D. J. O'Leary REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn DATE OF BURIAL Sept 6 1929

20. UNDERTAKER Frank Unit Co. Poplar Bluff Mo ADDRESS _____

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.

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Taylor
1929

