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NOV 30 1929

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

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1. PLACE OF DEATH
County Pulaski
Township Cullen
City ..... (No. ..... St. ..... Ward)

Registration District No. 713
Primary Registration District No. 5942

File No. .....
Registered No. .....

2. FULL NAME John McCullough
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 10 1855

7. AGE: YEARS 74 | MONTHS ✓ | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Green Co. Ky

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PARENTS
10. NAME OF FATHER: Harvard McCullough
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Elizabeth Perkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ky.

14. INFORMANT: G. W. Sanders
(Address) Waynesville

15. FILED 10/20 1929 C. A. Talbot REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1929, to Oct. 19, 1929, that I last saw h..... alive on Oct. 18, 1929, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Lesion
TVB
(duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) TOA
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
9 DID AN OPERATION PRECEDE DEATH? ✓ DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) C. A. Talbot, M. D.
10/19, 1929 (Address) Waynesville

*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: Pulaski Co. Pine Farm
DATE OF BURIAL: 10/20 1929

20. UNDERTAKER: Cruse & Carr Store
ADDRESS: Waynesville