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

Do not use this space.

37559

1. PLACE OF DEATH
County Jasper
Township Galena
City Joplin (No. ..... St. ..... Ward)

Registration District No. 411
Primary Registration District No. 2002

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

2. FULL NAME Salena J. McCullough.
(a) Residence. No. 310 N. Gray 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: Fem.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow.

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF George McCullough

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	9	21	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

PARENTS
10. NAME OF FATHER Young.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.

14. INFORMANT Geo McCullough
(Address) Joplin Mo

15. FILED 11/30, 1929 A. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-28-29

17. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1929 to Nov 28, 1929 that I last saw her alive on 11-28, 1929 and that death occurred, on the date stated above, at 2-07 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease
92H
123A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Nephritis.
..... (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) H C Powers, M. D.
11/29, 1929 (Address) Joplin 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: Mt. Hope Cem
DATE OF BURIAL: 11/30 1929

20. UNDERTAKER: Hurlburt Wood Co
ADDRESS: Joplin Mo

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.