

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

Do not use this space.

2189

**1. PLACE OF DEATH**

County Pettis Registration District No. 665  
 Township \_\_\_\_\_ Primary Registration District No. 3032  
 City Adalia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Ann Culley  
 (a) Residence No. 417 East 7th St. 13 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S., if of foreign birth? 41 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Culley  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6-1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 7 25 48

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

9. BIRTHPLACE (CITY OR TOWN) Dublin  
 (STATE OR COUNTRY) Ireland

10. NAME OF FATHER Do not know  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs J. A. Moore  
 (Address) Adalia Mo

15. FILED 1-6-1930 J. L. Lave REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1st 1930  
 17. I HEREBY CERTIFY, That I attended deceased from April 10, 1929 to Jan 1, 1930  
 that I last saw h. alive on Jan 1, 1930 and that death occurred, on the date stated above, at 5:30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
uterine cancer  
48  
 (duration) 9 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 46  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. Do not know  
 DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO  
 WHAT TEST CONFIRMED DIAGNOSIS Chromal drops  
 (Signed) Chapman M. D.  
Jan 3, 1930 (Address) Adalia 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 Adalia Mo DATE OF BURIAL 1/3 1930

20. UNDERTAKER W. H. Hughes ADDRESS Adalia

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.

YEB 80 4 4

JUN 20 1947

MAR 4 1946