B 20 1930

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

Do not use this space.

2276

1. PLACE OF DEATH

County Polk

Township Marion

City [illegible] (No. ..... St. ..... Ward)

Registration District No. 701

Primary Registration District No. 5930

File No. .....

Registered No. 2

2. FULL NAME Jethro Quince Kuling

(a) Residence (Usual place of abode) No. ..... St., ... Ward. ..... (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Bachelor

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Never Married (Single)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	8	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Polk County (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Edmond Kuling

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

12. MAIDEN NAME OF MOTHER Mary Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT J. D. Ingram (Address)

15. FILED 1/1/1930 J. F. Robert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927 to Jan 1, 1930 that I last saw him alive on Dec 29, 1929, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

Cardiac 5

82 A

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) 74 A 1

(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) J. H. Bridges, M. D.

Dec 31, 1929 (Address) Bolivar 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	DATE OF BURIAL
Mt. Gilead Cem	Jan 3 1930

20. UNDERTAKER	ADDRESS
W. S. White Und. Co.	Bolivar Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.