

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

Do not use this space.

19419

1. PLACE OF DEATH

County Wheeler

Registration District No. 399

File No. 2413

Township Kaw

Primary Registration District No. 197

Registered No. 2413

City Warren City (No. St. Joseph's 197) St. _____ Ward)

2. FULL NAME

Earl M. Cullough

(a) Residence No. _____ St. _____ Ward. Garden City, Mo

(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) Married

5A. IF MARRIED, WIDOWED, DIVORCED HUSBAND OF (OR) WIFE OF Mrs. M. Mc Cullough
married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-16-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>41</u>	<u>10</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Surveyor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Attenu
(STATE OR COUNTRY) MO

10. NAME OF FATHER John J. Cantel

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

12. MAIDEN NAME OF MOTHER Catherine Queen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Attenu
(STATE OR COUNTRY) MO

14. INFORMANT B. M. McCullough
(Address) Garden City, MO

15. FILED 69 30 M. M. Rowe
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1930

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1930 to June 8, 1930, and that I last saw him alive on June 8, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis & other
hypothyroidism
6/6

CONTRIBUTORY (SECONDARY) Toxin by hypothyroidism
(duration) _____ yrs. _____ mos. _____ ds.

WHERE WAS DISEASE CONTRACTED? Garden City, Mo
(NOT AT PLACE OF DEATH)

DID OPERATION PRECEDE DEATH? yes DATE OF June 7 1930

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Chemical analysis
(Signed) Don Mc, M. D.

(Address) 724 Agger Bldg

*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 Garden City DATE OF BURIAL June 10 1930

20. UNDERTAKER J. M. ... 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.

