

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

Do not use this space.

20261

1. PLACE OF DEATH

County Peters
Township Sedalia
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 154
St. _____ Ward _____

2. FULL NAME

Charles Elmer M. Cullough

(a) Residence No. 1000 E 13 St. _____ Ward _____

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Emma Betty McCullough

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3 1867

7. AGE YEARS 62 MONTHS 5 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Trenton Ind.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER George A. McCullough
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Perry, Indiana
12. MAIDEN NAME OF MOTHER Caroline Bean
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Piquette, Ohio

14. INFORMANT Caroline M. Cullough
(Address) Sedalia, Mo.

15. FILED 6-16-30 J. J. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1930

17. I HEREBY CERTIFY, That I attended deceased from June 12 1930 to June 14 1930 that I last saw him alive on June 13 1930, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Morphineism
76 B
130 (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute nephritis (Paranechymatous) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. J. Walter, M. D.

June 16 1930 (Address) Sedalia 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 _____

20. UNDERTAKER McHugh Bros ADDRESS Sedalia

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.

WRITE PLAINLY, WITH OUT-BOARDING IN THIS CASE, IN ORDER TO BE CORRECT.

Watters
2189

