

DEC 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, (No. 113 West Louis,

85
Registration District No.
Primary Registration District No. 1001

File No. 35427
Registered No. 1251
St. Ward)

2. FULL NAME Jessie May McCullough,

(a) Residence. No. 113 West Louis, St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married,</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herbert C. McCullough,</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 8th. 1885</u>				
7. AGE	YEARS <u>45</u>	MONTHS <u>8</u>	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>At Home,</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer				

PARENTS	9. BIRTHPLACE (CITY OR TOWN) <u>Agency,</u> (STATE OR COUNTRY) <u>Missouri,</u>
	10. NAME OF FATHER <u>John Files,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Missouri,</u>
	12. MAIDEN NAME OF MOTHER <u>Caroline Brinton,</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Kansas,</u>

14. INFORMANT Herbert C. McCullough
(Address) 113 West Louis Street.

15. FILED NOV 20 1933
John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19, 1930

17. I HEREBY CERTIFY, That I attended deceased from August 31, 1930, to November 19, 1930 that I last saw h. l. r. alive on Nov 17, 1930, and that death occurred, on the date stated above, at 10:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of uterus

CONTRIBUTORY (SECONDARY) Met. Cor. of liver
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Frank [Signature], M. D.
Nov 20, 1930 (Address) Lincoln [Address]

*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 Edna, Missouri, DATE OF BURIAL Nov. 21 1930

20. UNDERTAKER Heaton-Bell-Gale & Bowman ADDRESS 319 So. 10th.
Funeral Home

K. 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.

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