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

Do not use this space.

29031

1. PLACE OF DEATH

County PEMISCOT Registration District No. 1099 File No.

Township LITTLE RIVER Primary Registration District No. 3-868 Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME KENNETH ELVIN MCCULLEY

(a) Residence. No. ..... St., ... Ward. .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 24th, 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			24	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Wardell, Mo.

PARENTS

10. NAME OF FATHER Alford E. McCulley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville, Mo.

12. MAIDEN NAME OF MOTHER Lela Mae Depriest

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Near Wardell, Mo.

14. INFORMANT .....
(Address) .....

15. FILED ....., 19 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug., 13, 31 19

17. I HEREBY CERTIFY, That I attended deceased from Only Aug: 11, 31, 19 ....., to ....., 19 ..... that I last saw h. im. alive on Aug. 11, 31, 19 ....., and that death occurred, on the date stated above, at 11-40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurely born (about 7 months)

1 day (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None

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

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. A. Reeder, M. D.
, 19 (Address) Portageville, 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
Wardell Cemetery	9-14 1931

20. UNDERTAKER	ADDRESS
R. M. Payne	Portageville Mo

SEP 25 1931

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH

County Pemiscot Registration District No. 1099 File No. .....

Township Little River Primary Registration District No. 5868 Registered No. .....

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Kenneth Elvin McCulley

(a) Residence. No. ..... St., ... Ward. .....
(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) S.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		24	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Near Wadell Mo

PARENTS

10. NAME OF FATHER Alford E. McCulley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Caruthersville, Mo

12. MAIDEN NAME OF MOTHER Lela Mae Depriest

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

14. INFORMANT .....
(Address)

15. FILED 10-10, 1931 Opal Wells
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1931 to ....., 19.....
that I last saw him alive on Aug 11, 1931, and that death occurred, on the date stated above, at 11 40a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurely born
(About 7 months)

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

CONTRIBUTORY (SECONDARY) None

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. A. Reeder, M. D

, 19 (Address) Portageville 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 Wadell Cemetery

DATE OF BURIAL 9/14 1931

20. UNDERTAKER R. M. Payne

ADDRESS Portageville Mo.

PRESENTED AT THE ... UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-29031.