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

Do not use this space.

32199

File No.
Registered No.

1. PLACE OF DEATH
County Randolph
Township
City Moberly (No. 719 No Morley St. Ward)
Registration District No. 735
Primary Registration District No. 3034

2. FULL NAME Frank M. McCully
(a) Residence, No. 719 No Morley 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.

OCT 26 1931

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, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha McCully

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26th 1871

7. AGE: Years 59 | Months 9 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
13. NAME Thomas McCully
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Susan Holman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Bertha McCully
(ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE Oct 2nd 1931

19. UNDERTAKER Malpas and Son
(ADDRESS) Moberly Mo

20. FILED 10/1 1931 Thos S. Fleming
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sep 26, 1931, to Sep 30, 1931
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
S.E.A.	

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19.....
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) L O Nickell, M. D.
(Address) Moberly Mo

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.

NAME PLACE AND ORIGINAL RECORD