

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

Do not use this space.

648

1. PLACE OF DEATH

County Stoddard
Township Union
City..... (No.....)..... (Ward.....)

Registration District No. 292
Primary Registration District No. 5401

File No.....
Registered No. 4
St..... Ward.....

2. FULL NAME

Golda May Cullum

(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 Female

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dec 3rd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>	<u>2</u>	<u>5</u>	

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) Stoddard Co. Mo.

10. NAME OF FATHER Elmer Cullum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Ill.

12. MAIDEN NAME OF MOTHER Leona LaMurrin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Ill.

14. INFORMANT Elmer Cullum
(Address) Malden Mo. R1

15. FILED 1-26-32 Benjamin D. Fopay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 13 1932 to Jan 26 1932 that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at 12:01 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia

100 (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 9 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? ①
(Signed) W. J. Rutledge, M. D.
1-26-1932 (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 Elder Cemetery DATE OF BURIAL 1-27 1932

20. UNDERTAKER W. L. Craig ADDRESS Malden

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.

99 1932

