

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

Do not use this space.

6105

**1. PLACE OF DEATH**

County.....

Registration District No. 721  
1002

File No. ....

Township.....

Primary Registration District No. ....  
6104 Newport Avenue

Registered No. 1124

City St. Louis, Mo.

(No. 6104 Newport Avenue St. .... Ward)

**2. FULL NAME** Nellie McCullough

(a) Residence, No. 6104 Newport Avenue St. 1 Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Edward McCullough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 235  
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) St. Louis, Missouri /

FATHER 13. NAME Edward Daugherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER 15. MAIDEN NAME Catherine McMahon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Edward McCullough 6104 Newport Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 4th, 1932

19. UNDERTAKER (ADDRESS) Mark S. Grand Boulevard 2201 S. Grand Boulevard

20. FILED 588-3193-15 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2, 1932

22. HEREBY CERTIFY, That I attended deceased from July 9, 1931 to Sept 2, 1932  
I last saw him alive on Sept 2, 1932 Death is said to have occurred on the date stated above, at 12.45 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1-16-28  
930  
990  
Other contributory causes of importance: D.

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
If so, specify .....  
(Signed) W. W. Daugherty, M. D.  
(Address) 3019 So Jefferson

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.

3019 S. Jefferson  
7-8 PM