

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

Do not use this space.

**1. PLACE OF DEATH**

County Wainwright Registration District No. 412 File No. 2927  
 Township Wainwright Primary Registration District No. 5570 Registered No. 3  
 City Wainwright (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carl Culver Mc 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 1931  
 7. AGE YEARS X MONTHS 7 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
 (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) Wainwright, Missouri

**PARENTS**

10. NAME OF FATHER Harry McCullum  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas  
 12. MAIDEN NAME OF MOTHER Minnie Mc Gunk  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

**14.**

INFORMANT Harry McCullum  
 (Address) Wainwright, Mo

**15.**

FILED 3/24 1932 Leharlis E Scafe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1932  
 17. I HEREBY CERTIFY, That I attended deceased from 3-18 1932 to 3-23 1932  
 that I last saw him alive on 3-22 1932 and that death occurred, on the date stated above, at 4:10 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.  
 CONTRIBUTORY (SECONDARY) 110  
 (duration) \_\_\_\_\_ yrs. 0 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? chemical  
 (Signed) J. L. Cray M. D.  
 (Address) Webb City, 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 Russell Cemetery DATE OF BURIAL 3/24 1932  
 20. UNDERTAKER Webb City Und Co ADDRESS Webb City

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 important.

RECORD WITH OUPDING INK—THIS IS A PERMANENT RECORD

APR 3 1932

