

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

Do not use this space.

Dr. J. G. ...
19230
File No.
Registered No. 427
St. Ward)

1. PLACE OF DEATH
39 County Greene 1414700 main 3v8 Registration District No.
3 Township Primary Registration District No. 2901
5 City Springfield 1414700 main Ward
2. FULL NAME Wm M. Cullough
(a) Residence, No. 1414700 main 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 Aug - 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 10 18 172
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 years
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
13. NAME Wm M. Cullough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Elizabeth Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT Wm M. Cullough
(ADDRESS) 1414700 main
18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield June 15 1937
19. UNDERTAKER James O. Sawyer
(ADDRESS) Springfield Mo
20. FILED June 15 1937 Ralph W. Langston Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1937
22. I HEREBY CERTIFY That I attended deceased from June 10 1937 to June 14 1937
I last saw him alive on June 14 1937 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Diphtheria
Date of onset
Other contributory causes of importance: Heart blood pressure
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) M. J. Armstrong M. D.
(Address) Springfield 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.

JUL 23 1937

