

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

Do not use this space.

1695

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 389

Primary Registration District No. 0007

File No. 425

Registered No. 425

(No. 3116 Charlotte St.)

St. _____ Ward _____

2. FULL NAME Robert S. Mc Cullough

(a) Residence, No. 3116 Charlotte St. F 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 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 Mrs Sarah J. Mc Cullough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor

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) Indiana

13. NAME Simeon McCullough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Ellen Shields

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

17. INFORMANT Mrs. Sarah J. McCoullough
(ADDRESS) 3116 Charlotte St. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL Delavan, Kansas DATE 1-28-33

19. UNDERTAKER Freeman Mortuary
(ADDRESS) K. C. Mo.

20. FILED Jan 26 1933 M. M. Corone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-33 1933

22. I HEREBY CERTIFY That I attended deceased from June, 1931, to Jan. 26, 1933

I last saw him alive on Jan. 26, 1933. Death is said to have occurred on the date stated above, at 10:10 A.M.

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

Coronary sclerosis
Auricular fibrillation

Date of onset
1931
1931

Other contributory causes of importance:

Broncho pneumonia
Pulmonary edema

Jan 18/33
Jan 25/33

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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) J. H. Douglas, M. D.
(Address) 906 Med Art Bldg. K. C. 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.

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Dr. Danglade

Med. Arts.

2 to 5