

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 17 1934

B. J. Pakula
4800 Jefferson
Va 8456

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City Mo (No. 1000)

Registration District No. 300
Primary Registration District No. 3005
Mersey Hospital

File No. 20362
Registered No. 2525
St. Ward

2: FULL NAME

(a) Residence, No. Maicia M^e Cullough St., Kansas Mo 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 9 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Newtown Mo.

MOTHER FATHER 13. NAME Clyde M^cCullough

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

15. MAIDEN NAME Hazel Scott

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

17. INFORMANT (ADDRESS) Clyde M^cCullough Newtown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newtown DATE June 8, 1934

19. UNDERTAKER (ADDRESS) Mrs. C. R. Foster 918 Brooklyn

20. FILED June 7, 34 M. M. Crowe Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7 34

22. I HEREBY CERTIFY, That I attended deceased from 5-30 34 to 6-7 34

I last saw her alive on 6-7 34. Death is said to have occurred on the date stated above, at 9:55 P. m.

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

Malnutrition
None
Bronchopneumonia

Date of onset
5-1-34
5-20-34
6-4-34

Other contributory causes of importance
99%
100%

Name of operation none Date of none

What test confirmed diagnosis? lab 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, 1934

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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) B. J. Pakula M. D.

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