

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

Do not use this space.

41647

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File No. \_\_\_\_\_  
Registered No. 89 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

DEC 20 1934

**1. PLACE OF DEATH**

County Stoddard  
Township Liberty  
City Bernie (No. \_\_\_\_\_)

Registration District No. 836  
Primary Registration District No. 4507

**2. FULL NAME**

(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 7 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 William D Cullins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 6 6

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

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) Marcelonia (STATE OR COUNTRY) Hamilton Co. Ill.

13. NAME Joseph Sullivan

14. BIRTHPLACE (CITY OR TOWN) Hamilton Co. Ill. (STATE OR COUNTRY)

15. MAIDEN NAME Nettie Vise

16. BIRTHPLACE (CITY OR TOWN) Hamilton Co. Ill. (STATE OR COUNTRY)

17. INFORMANT Lillian Andrews (ADDRESS) 108 1/2 St. 7th and 8th

18. BURIAL PLACE Bernie Mo. DATE Nov 26

19. UNDERTAKER Walter J. Hopkins (ADDRESS) Bernie Mo.

20. FILED Dec 17 1934 F. Lawrence Allen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/24, 1934 to 11/25, 1934  
I last saw him alive on 11/24, 1934 Death is said to have occurred on the date stated above, at 3a m.  
The principal cause of death and related causes of importance were as follows:

Heart failure  
970

Other contributory causes of importance: myocardial insufficiency (Micheal?)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? plum Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Wm. H. Wood M. D.  
(Address) Bernie Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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