

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

Do not use this space.

1. PLACE OF DEATH  
 County COLE JAN 10 1935 Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 3014  
 City JEFFERSON CITY (No. 210, CHERRY St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME JOSEPH S. CULLEN  
 (a) Residence, No. 210 CHERRY STREET 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.

File No. 42399  
 Registered No. 360

**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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17/34 . 1934

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

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Dec 17 1934

Last saw him alive on Dec 17 1934 Death is said to have occurred on the date stated above, at 11:19 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 8, 1860

The principal cause of death and related causes of importance were as follows:  
12th 15  
17 15  
Septic Peritonitis 17 days ago

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	74	3	9	

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

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 \_\_\_\_\_

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
Feb 1/yr ago

12. BIRTHPLACE (CITY OR TOWN) HOPKINTIN, (STATE OR COUNTRY) MASS.

13. NAME JAMES CULLEN

14. BIRTHPLACE (CITY OR TOWN) IRELAND (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME MARY O'LAHERTY

16. BIRTHPLACE (CITY OR TOWN) IRELAND (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT MISS TICE CULLEN (ADDRESS) JEFFERSON CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETER'S CEM DATE 12/19/34 1934

19. UNDERTAKER HEINRICHS FUNERAL HOME (ADDRESS) JEFFERSON CITY, MO.

20. FILED 12/21/1934 1230 Bedford Mo Registrar.

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 \_\_\_\_\_, 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? \_\_\_\_\_

If so, specify Mr. Radford (Signed) \_\_\_\_\_, M. D.

(Address) Jefferson

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

