

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.

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

Do not use this space.

APR 24 1935

10060

1. PLACE OF DEATH

County Pemiscot Registration District No. 651
Township Little Prairie Primary Registration District No. 4388
City Carthageville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 48

2. FULL NAME Cullen L. Halford

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Bulah Bear Halford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>about 55</u>	MONTHS <u>—</u>	DAYS <u>—</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sawyer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General</u>		
10. Date deceased last worked at this occupation (month and year) <u>March 1935</u>		
11. Total time (years) spent in this occupation <u>1 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sena, Miss</u>		
13. NAME <u>George S. Halford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
15. MAIDEN NAME <u>Mandy Bouteville</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
17. INFORMANT <u>Jim Watson</u> (ADDRESS) <u>Carthageville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Grove, Miss</u> DATE <u>March 27</u> , 19 <u>35</u>		
19. UNDERTAKER <u>Friends</u> (ADDRESS) <u>Cedar Grove, Miss.</u>		
20. FILED <u>Apr. 9</u> , 19 <u>35</u> <u>Uda Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1935

I HEREBY CERTIFY That I attended deceased from March 24, 1935, to March 26, 1935
I last saw him alive on March 25, 1935 Death is said to have occurred on the date stated above, at 3:41 p. m.
The principal cause of death and related causes of importance were as follows:
Paralytic Stroke or Apoplexy
Date of onset _____

Other contributory causes of importance: gout

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) C. B. Luten, M. D.
(Address) Carthageville, Mo.

Year	1945	1946
Jan	100	100
Feb	100	100
Mar	100	100
Apr	100	100
May	100	100
Jun	100	100
Jul	100	100
Aug	100	100
Sep	100	100
Oct	100	100
Nov	100	100
Dec	100	100