

AUG 13 1935

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

Do not use this space.

22306

1. PLACE OF DEATH

County Caldwell Registration District No. 93
Township Davis Primary Registration District No. 4055
City Drayton (No.) St. Ward)

2. FULL NAME Cornelius C. Culling

(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 10 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Culling</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 12, 1861</u>		
7. AGE <u>74</u>	YEARS <u>5</u>	MONTHS <u>16</u>
		DAYS <u>16</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Mo.</u>		
FATHER	13. NAME <u>Abraham Culling</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Albert Culling</u> (ADDRESS) <u>Drayton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Evergreen</u> DATE <u>7/30/35</u>		
19. UNDERTAKER <u>B. F. Mead</u> (ADDRESS) <u>Drayton, Mo.</u>		
20. FILED <u>July 30, 1935</u> <u>M. H. Patterson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1935 . 19

22. I HEREBY CERTIFY That I attended deceased from April 17 1935 to July 28 1935
I last saw him alive on July 26 1935 Death is said to have occurred on the date stated above, at 2:00 PM
The principal cause of death and related causes of importance were as follows:
Chronic Myo-Carditis about 1 year duration Date of onset

Other contributory causes of importance
Pneumonia Spina 1934

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? None Date of injury None
Where did injury occur? None (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? No
If so, specify

(Signed) Edward B. Holsen, M. D.
(Address) Drayton, 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.

WHEN ON RECORDS THIS IS A PERMANENT RECORD

88-6-28
1861-2-12

744-16