

AUG 14 1935

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

Do not use this space.

26023

1. PLACE OF DEATH

County Daviess
Township Union
City..... (No. St. Ward)

Registration District No. 250
Primary Registration District No. 5348

File No.
Registered No. 760

2. FULL NAME John Wesley McCullough

(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 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Matilda Jane McCullough</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 24, 1848</u>		
7. AGE	YEARS	MONTHS
	<u>86</u>	<u>8</u>
		<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. <u>Agriculture</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1916</u>	11. Total time (years) spent in this occupation. <u>19</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
FATHER
13. NAME <u>John McCullough</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
MOTHER
15. MAIDEN NAME <u>xx Baker</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>John Carter</u> (ADDRESS) <u>Gallatin, Missouri</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clear Creek Cem.</u> DATE <u>Aug. 11, 1935</u>
19. UNDERTAKER <u>Hone Furn. & Indt. Co.,</u> (ADDRESS) <u>Gallatin, Missouri</u>
20. FILED <u>8/12, 1935</u> <u>P. Gardner</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1935, to Aug. 10, 1935
I last saw him alive on Aug. 9, 1935. Death is said to have occurred on the date stated above, at 10 A. m.

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

Injury to Spinal cord by hanging by neck.
Date of onset 8-8-35

Other contributory causes of importance:

Name of operation 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? suicide Date of injury 8-8-35, 1935
Where did injury occur? Daviess Co., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In HomeNature of injury Hanging by neck24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) L. R. Doolin, M. D.(Address) Gallatin, Mo.

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.

