

OCT 2 2 1935

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

Do not use this space.

29170

## 1. PLACE OF DEATH

County DunklinRegistration District No. 289Township Cotton HillPrimary Registration District No. 5407

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 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

Male

## 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 \_\_\_\_\_)

Mary Cullum

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 29 - 1915

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

2050

## OCCUPATION

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

Farming

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)

April 1935

11. Total time (years) spent in this occupation

life

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Stonefort Ill.

## FATHER

## 13. NAME

Elmer Cullum

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Polconda Ill.

## MOTHER

## 15. MAIDEN NAME

Leona Lamunion

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Stonefort Ill.

## 17. INFORMANT

(ADDRESS)

Elmer Cullum  
maiden

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Colder

DATE

9-30

1935

## 19. UNDERTAKER

(ADDRESS)

None

## 20. FILED

9-301935S. E. Mitchell

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 193522. I HEREBY CERTIFY That I attended deceased from April 24 1935 to Sept 22 1935I last saw him alive on Sept 22 1935. Death is said to have occurred on the date stated above, at 6:30 p. m.The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis 1933Other contributory causes of importance: 23

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify \_\_\_\_\_

(Signed) H. J. Killege, M. D.(Address) Campbell, 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.

