

DEC 26 1935

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

Do not use this space.

36054

1278

1. PLACE OF DEATH

County

Township

City

Jackson
Law
No. 6 Mo

Registration District No.

Primary Registration District No.

(No. 1646 Bristol (Bristol))

File No.

Registered No.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Thos. F. McCullough
1646 Bristol

(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

Wh

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (specify the word)

Widower

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

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

May 19 - 1852

7. AGE

Years

Months

Days

If LESS than 1
day, hrs.
or min.

83

5

18

OCCUPATION

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

none

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

none

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ireland

MOTHER FATHER

13. NAME

Thos McCullough

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

Ireland

15. MAIDEN NAME

Mary O'Brien

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

Ireland

17. INFORMANT
(ADDRESS)Mrs Hunt
1646 Bristol

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Washington 11/9

19. UNDERTAKER
(ADDRESS)Keller
No. 6 Mo

20. FILED

Nov 10, 1935 M. M. Cooney, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Oct 15, 1935, to Nov 7, 1935

I last saw him alive on Nov 7, 1935. Death is said

to have occurred on the date stated above, at 8 a. m.

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

Atherosclerosis

Date of onset

3/7

Other contributory causes of importance:

Myocard stenosis

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) P. L. St. Clair, M. D.

(Address) 3242 St. Paul

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.

