

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.

FEB 21 1936

4193

1. PLACE OF DEATH

County Stoddard Registration District No. 834
Township Stoddard Primary Registration District No. 6097
City Pleasant Home, Mo. (No. St. Ward)

File No.
Registered No. 36

2. FULL NAME

Merlin R. McCullley
(a) Residence, No. Pleasant Home, Mo. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 7 - 1935</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</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>Stoddard Co., Mo.</u>		
FATHER	13. NAME <u>Roy McCullley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co., Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Leta Mathewey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co., Mo.</u>	
17. INFORMANT (ADDRESS) <u>Leta Mathewey McCullley, Advance, R. 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cell City, Mo.</u> DATE <u>Jan 25 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Home and Carter</u>		
20. FILED <u>1-35-1936</u> <u>R. M. Kearley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1936

22. I HEREBY CERTIFY, that I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 12:10 A.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Strangled by accident
slaying with mother

Other contributory causes of importance
Hunger

Name of operation Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident 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 Strangled while sleeping
Nature of injury with mother

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify Lloyd S. Morgan
(Signed) Advance, Mo. (Address)

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