

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

Do not use this space.

JAN 18 1937

44093

1. PLACE OF DEATH

County Christian Registration District No. 171
Township Key-Scott Primary Registration District No. 4100
City Keytesville (No. _____) St. _____ Ward _____

File No. _____
Registered No. 43

2. FULL NAME Lewis M. C. Cullum

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hana M. Cullum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31st 1888
7. AGE YEARS 48 MONTHS 9 DAYS - If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936, to Dec 31, 1936.
I last saw him alive on Dec 30, 1936. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial nephritis 14 years

OCCUPATION

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

Other contributory causes of importance: Senility

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian County

13. NAME John M. Cullum

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

MOTHER

15. MAIDEN NAME Nancy Bush

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

17. INFORMANT (ADDRESS) Wilbur M. Cullum
Key-Scott Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parks DATE January 4 1937

19. UNDERTAKER (ADDRESS) Hyde & Spurr
Key-Scott Mo.

20. FILED Jan 8, 1937 Mrs. Roy Sander
Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? Chemical 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) O. P. Dammann, M. D.
(Address) Keytesville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

