

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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.

45807

FEB 28 1937

1. PLACE OF DEATH

County Pike Registration District No. 687
Township Prairieville Primary Registration District No. 1-1-15
City (No.) St. Ward

File No. _____
Registered No. _____

2. FULL NAME Mrs. Mary McCulloch

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam McCulloch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 8 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Pike Co. Mo

MOTHER FATHER 13. NAME B. Frank Estes

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

MOTHER 15. MAIDEN NAME Jessie Moore

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

17. INFORMANT Sam McCulloch
(ADDRESS) Edwards Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE North Cemetery DATE Dec 6th 1936

19. UNDERTAKER Goach Hardware Co
(ADDRESS) Edwards Mo

20. FILED Dec 5th 1936 B. M. Goach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1936, to Dec 4th 1936

I last saw her alive on Dec 4th 1936. Death is said to have occurred on the date stated above, at 6 A. m.

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

Exhaustion following convulsions from valvular.
Date of onset Dec 3-36
Other contributory causes of importance: Epilepsy (Grand mal) Dec 2 36

Name of operation no 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) E. M. Beardslee M. D.
(Address) Clarksville, Mo.

