MAR 25 1937

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

Do not use this space.

File No. 7773

Registered No.

1. PLACE OF DEATH
County Randolph
Township Jackson
City R.F.D. Jacksonville (No. ..... St. ..... Ward)
Registration District No. 734
Primary Registration District No. 5968

2. FULL NAME William C. Culey
(a) Residence, No. R.F.D. Jacksonville Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 yrs. 5 mos. 13 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 Husband of Cora Culey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24 - 1875

7. AGE: Years 61 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

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) Dec. 25 - 36
11. Total time (years) spent in this occupation Entire life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo

FATHER
13. NAME Thomas J. Culey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo

MOTHER
15. MAIDEN NAME Margret Grimm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo

17. INFORMANT (ADDRESS) Cora Culey (wife)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Salem DATE Feb. 10 1937

19. UNDERTAKER (ADDRESS) Snow Funeral Home Moberly Mo

20. FILED Feb 9, 1937 R M Cate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1937, to Feb. 8, 1937
I last saw him alive on Feb. 7, 1937. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Flu complicated with	
Heart trouble of 3 or 4 yrs	
standing had been under	
several different Doctors	
care (Term heart disease	

Other contributory causes of importance:
unknown

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) F L Stripplear, M. D.
(Address) College Mound.

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.