

APR 8 1937

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

Do not use this space.

9659

1. PLACE OF DEATH

County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City (No. 4918 College) St. Ward

File No.

Registered No.

2. FULL NAME Forbes T. Cullens

(a) Residence, No. 4918 College 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 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 Lillian Cullens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 4 19

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

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) Glasgow (STATE OR COUNTRY) Scotland

13. NAME Archibald Cullens

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

15. MAIDEN NAME Thompson

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

17. INFORMANT Mrs. Lillian Cullens (ADDRESS) 4918 College

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE March 20, 1937

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS)

20. FILED 3-20-37 MM Newcomer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1936, to March 18, 1937

I last saw him alive on Mar 18, 1937. Death is said to have occurred on the date stated above, at 9:00 P.M.

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

Chronic glomerular nephritis 131
Date of onset not known

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Lab. 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) J. E. Ball, M. D.
(Address) 1102 E 47th

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

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47th of Troost

Troost Centre Bldg