

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

Do not use this space.

MAY 19 1937

1. PLACE OF DEATH
 26 County Colo Registration District No. 213 File No. 16128
 3 Township Primary Registration District No. 2014 Registered No. 152
 3 City Jefferson City (No. _____) St. _____ Ward _____

2. FULL NAME John Calvin Cullers
 (a) Residence, No. 310 Walnut 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Bessie H. Cullers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>90</u>	<u>10</u>	<u>10</u>	<u>23</u>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) va

13. NAME William H. Cullers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunay, va

15. MAIDEN NAME Katharin Kaiser

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

17. INFORMANT Clyde Cullers
(ADDRESS) Paris, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edenwood Cemetery, Paris, Mo April 25, 1937

19. UNDERTAKER H. A. Pritchett & Son
(ADDRESS) Paris, Mo

20. FILED 4/23 1937 D. W. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23 1937

22. I HEREBY CERTIFY THAT I attended deceased from Jan 10 1937, to Apr 23 1937
 I last saw him alive on Apr 3, 1937 Death is said to have occurred on the date stated above at 11:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Illness-Culicis 1935 Date of onset

Other contributory causes of importance: 131
Chronic Nephritis Interstitial

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physician's Report 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) H. D. Taylor M. D.
 (Address) Jefferson City Mo

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