

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

Do not use this space.

JUN 2 1937

1. PLACE OF DEATH - *Grundy*
 County *Grundy* Registration District No. *328*
 Township *Granton* Primary Registration District No. *3017*
 City *Granton* (No. *2*) St. _____ Ward _____

2. FULL NAME *Mrs Edna Elva McCullough*

(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.

File No. *20134*

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *Mrs McCullough*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 29 1890*

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs or min.
<i>35</i>	<i>46</i>	<i>4</i>	<i>5</i>	

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

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 *-*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 4 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 37*, 19*37*, to *May 4*, 19*37*

I last saw him/her alive on *May 1*, 19*37* Death is said to have occurred on the date stated above, at *7:30 P. m.*

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

Other contributory causes of importance:
g4 B

Date of onset *Dec 1936*

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

FATHER

13. NAME *Grant Penrose*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

MOTHER

15. MAIDEN NAME *Betty Patton*

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

17. INFORMANT *Mrs McCullough* (ADDRESS) *Granton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Grundy County Cem.* DATE *May 6 1937*

19. UNDERTAKER *W. Payne & Sons* (ADDRESS) *Granton Mo*

20. FILED *May 5 1937* *Jane D Fair* Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? *✓* Was there an autopsy? *Yes*

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. J. Penrose* M. D.
 (Address) *Granton Mo*

