

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

Do not use this space.

**NOV 19 1937**

**1. PLACE OF DEATH**

County Barry  
Township Crane Creek  
City Crane

Registration District No. 29  
Primary Registration District No. 5046  
(No. R.F.D. # 1)

File No. 37020  
Registered No. 60  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME William Albert McCullah**

(a) Residence, No. R.F.D. # 1 Crane Mo. 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 Laura McCullah

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
63 8 1

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stone County  
(STATE OR COUNTRY) Missouri

13. NAME James A McCullah

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

15. MAIDEN NAME Idella Parks

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

17. INFORMANT Mrs Laura McCullah  
(ADDRESS) Crane Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Oct. 27 1937

19. UNDERTAKER King Funeral Home  
(ADDRESS) Aurora Mo.

20. FILED 10-30 1937 Geo W Newman  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-30 1937, to 9-22 1937

I last saw him alive on 9-22 1937. Death is said

to have occurred on the date stated above, at 6.30 A.M.

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

Cancer of Stomach

Date of onset

Other contributory causes of importance:

46

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None 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 \_\_\_\_\_, 1937

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) J. P. Newman M. D.

(Address) Crane Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should bring CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

