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

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 Montgomery
Township [illegible]
City Jonesburg Mo (No. ..... , ... St. ..... Ward)

Registration District No. 589
Primary Registration District No. 4347

File No. 38298
Registered No. 26

2. FULL NAME Edd Mc Cullough

(a) Residence, No. ..... St., ... Ward.
(Usual place of abode) Life (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 Edith Mc Cullough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 th 1871

7. AGE Years 66 Months 0 Days 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
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) Jonesburg Mo

FATHER
13. NAME Calvin Mc Cullough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Adeline Swank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) D.E. Mc Cullough Jonesburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jonesburg Cem DATE 10/13/37 19

19. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City Mo.

20. FILED Oct 12 1937 E. A. Ball Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1937, to Oct 12, 1937
I last saw him alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 2.15 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	10-10-37
Coronary Occlussion	10-1-37

Other contributory causes of importance:

Chronic myocardosis	?
arterio-sclerotic nephritis	?

Name of operation None Date of
What test confirmed diagnosis Clinical & lab 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? no
If so, specify
(Signed) James O. Helm, M. D.
(Address) New Florence Mo.