

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

Do not use this space.

3662

1. PLACE OF DEATH

County Berns cot
Township Atty River
City Wardell mo (No. St. Ward)

Registration District No. 1099
Primary Registration District No. 5868

File No.
Registered No.

2. FULL NAME

William Kenney Mc Culley 240
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
13 4 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
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) Swift mo

MOTHER 13. NAME William Kenney McCulley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne co Tenn

15. MAIDEN NAME Vera yuen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne co Tenn

17. INFORMANT W A McCulley (ADDRESS) Wardell mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Bayou DATE 1-12-38

19. UNDERTAKER J M Payne (ADDRESS) Wardell mo

20. FILED 1-28 1938 J L Chesny Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1938

22. I HEREBY CERTIFY that I attended deceased from Jan 3 1938 to Jan 10 1938

last saw him alive on Jan 10 1938. Death is said to have occurred on the date stated above, at 1-9 a.m.

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

Pneumonia
of lobes 2
100
Other contributory causes of importance: ##

Date of onset

Name of operation ## Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? ## Date of injury

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. G. Bobbitt M. D.

(Address) Wardell mo

PROPERTY CLASSIFIED - Exact statement of OCCUPATION is very important.

109

RECEIVED

FEB 20 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3662
Do not use this space.

1. PLACE OF DEATH

(a) County Remick Registration District No. 1099
(b) Township Little River Primary Registration District No. 5868 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Kenney McCulley
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 4 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19. _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 1935 to _____, 1935

I last saw h. alive on _____, 1935. Death is said

to have occurred on the date stated above, at _____ m.

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

Angerionia (Lobar)

Date of onset

Other contributory causes of importance:

108

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1935

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. E. Bobbitt, M. D.

(Address) Wardell

SUPPLEMENTARY

S-2662 1987