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

REC'D JUN 14 1938

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

Do not use this space.

File No. 17722
Registered No. 497

1. PLACE OF DEATH
County Buchanan Co 3
Township
City St Joseph Mo (No. State Hospital #2 St. Ward) 1
Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME Phillip McCullum
(a) Residence, No. Rebecca Jones Home Liberty Mo. St. 245 Ward. Liberty Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 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 Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1858
7. AGE: YEARS 79 MONTHS 9 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
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) Unknown 9

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER
15. MAIDEN NAME Unknown 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Hosp - Records
(ADDRESS) State Hosp #2 St Joseph Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mission Cemetery DATE 5/16 1938
19. UNDERTAKER J. W. Huss
(ADDRESS) Bethany Mo
20. FILED May 5 1938 R. A. Hatchett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to May 5, 1938
I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 5:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
97.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) J. R. Beuch, M. D.
(Address) State Hospital #2.

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