

REC'D APR 11 1939

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

10170

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township Washington Primary Registration District No. 1001 Registered No. 328  
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital  
(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 18 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

450 Kate Flo Cullin  
(a) Residence, No. 2709 Monterey, St. Joseph St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>None</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 30, 1873</b>				
7. AGE	YEARS <b>65</b>	MONTHS <b>9</b>	DAYS <b>27</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>housework</b>			
	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) <b>Rockport, Missouri</b> <u>0</u>				
FATHER	13. NAME <b>Thomas Sinnott Cullin</b> <u>5</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Ireland</b> <u>1</u>			
MOTHER	15. MAIDEN NAME <b>Elizabeth Proudfit</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown Indiana</b>			
17. INFORMANT <b>Mamie S. Cullin</b> (ADDRESS) <b>Rockport, Missouri.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Rockport</b> DATE <b>3/28, 1939</b>				
19. FUNERAL DIRECTOR <b>Walter Meierholzer</b> (ADDRESS) <b>1302 Faraon St., St. Joseph</b>				
20. FILED <b>3/28, 1939</b> <b>H. J. [Signature]</b> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 27, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 20, 1939** to **Mar 27, 1939**  
I last saw her alive on **Mar 26, 1939** Death is said to have occurred on the date stated above, at **5 a. m.**  
The principal cause of death and related causes of importance were as follows:

**Grave Secondary**  
**Arteriosclerosis + Hypertension**  
**Cerebral Reticular** Jan 38  
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Biopsy** 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 **N.S. [Signature]** M. D.  
(Signed) **Kirkpatrick Bldg,**  
(Address) **St. Joseph Mo**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH OMPASSING INK  
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.

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2-3331

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Mo. 3946

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**