

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

Do not use this space.

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2018
5-4-93

File No. _____
Registered No. 164
St. _____ Ward _____

1. PLACE OF DEATH

County Henry
Township Leopold
City _____ (No. _____)

Registration District No. 349
Primary Registration District No. 2018

2. FULL NAME

Mrs. Maram Culmore

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 11 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1929, to January 11, 1930 that I last saw her alive on January 10, 1930, and that death occurred, on the date stated above, at 11:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1847

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 2 29

Heart of colour
A.C.C.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) in home
(c) Name of employer _____

Year (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

CONTRIBUTORY (SECONDARY) Yes (duration) yrs. mos. ds.

10. NAME OF FATHER Rich

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

12. MAIDEN NAME OF MOTHER Delaney

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) S W Wolcott M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

, 19 (Address) Cluba no

14. INFORMANT Mrs A Culmore
(Address) Clinton - Mo RFD

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED 1-15, 1930 Dr. E. C. Teel REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Trays Chappel DATE OF BURIAL Jan 13 1930

20. UNDERTAKER Spore Son ADDRESS _____

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

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Henry Registration District No. 352 File No. _____
 Township Deeputater Primary Registration District No. 3-493 Registered No. 5
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mariam Gilmon

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. F. Gilmon
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12-1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 | 2 | 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) in Home
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Rich

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Blaney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) unknown

14. INFORMANT Maria Gilmon
 (Address) Clinton MO

15. FILED Mich 30, 30 Jm Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1930
 17. ~~HEREBY CERTIFY~~ That I attended deceased from _____ to _____
 that I last saw him/her alive on _____, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Colon

_____ years (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY)
 _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) S. W. Wetzler, M. D.
 _____, 19 (Address) Clinton MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Deays Chappel DATE OF BURIAL Jan 13 1930

20. UNDERTAKER Spore & Son ADDRESS Clinton MO

N. B. Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
 PHYSICIANS SHOULD STATE EXACTLY WHAT THEY ARE CONFIDENTIAL. EXACT STATEMENT OF CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED BY AW

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