

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

Do not use this space.

26610
3208

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

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2839 Bell St.)

2. FULL NAME Mary Culley

(a) Residence, No. 2839 Bell St. St. 3 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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5.1838.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
92 6 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At-home
(b) General nature of industry, business, or establishment in which employed (or employer) ||
(c) Name of employer ||

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

PARENTS

10. NAME OF FATHER Jacob Bradford

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

12. MAIDEN NAME OF MOTHER Marguerite Burgess

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) no-record.

14. INFORMANT Mrs. Emila Tannehill.

(Address) 2839 Bell St.

15. FILED 8/4/30 M. J. Crowl REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 3 1930

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1930 to Aug 3, 1930 that I last saw her alive on Aug 27, 1930, and that death occurred, on the date stated above, at 2:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis with
arterio-sclerosis

CONTRIBUTORY (SECONDARY) Semility. (duration) 10 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH no DATE OF _____ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Findings
(Signed) J. Remylou M. D.

8/4/1930 (Address) 1055 So. West Blvd. Kansas.

*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 Forest-Hill DATE OF BURIAL 8/5/1930

20. UNDERTAKER Gates Funeral Home ADDRESS K.C.Ks.

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

11/11/2010
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11/11/2010