

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Kan Primary Registration District No. _____
 City Kansas City (No. Kansas City General Hospital) St. _____ Ward _____

File No. 36960
 Registered No. 4461

2. FULL NAME

(a) Residence. No. Helping Hand St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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) 6-23-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
 (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) Illinois

10. NAME OF FATHER Unknown Cullver

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Records Clerk
 (Address) Kansas City Gen Hosp.

15. FILED 11/4/30 M. M. Corvick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-2-1930

17. I HEREBY CERTIFY, That I attended deceased from 10-31-, 1930, to 11-2-, 1930.
 that I last saw him alive on 11-2-, 1930, and that death occurred, on the date stated above, at 12:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
secondary bacillus

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

18. DID AN OPERATION PRECEDE DEATH? DATE OF _____

18. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) P. E. Wellcutt M. D.

11-2-1930 (Address) Sup't. K. B. Gen's Hosp.

*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 DATE OF BURIAL

Leeds Cemetery Nov 5 1930

20. UNDERTAKER ADDRESS

John J. Sheehan K. B. Gen's Hosp.

