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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH
92 County St Charles — Registration District No. 757 — File No. 17573
4 Township — Primary Registration District No. 3036 — Registered No. 90
8 City St Charles (No. St Josephs Hospital St. Ward)

2. FULL NAME Infant Cullom

(a) Residence, No. St., Ward. Warrenton 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1933

7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 7 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St Charles Mo

FATHER
13. NAME William T. Cullom
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesburg Mo

MOTHER
15. MAIDEN NAME Elva Hollander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo

17. INFORMANT (ADDRESS) William T. Cullom Jonesburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrenton Mo DATE May 26 1933

19. UNDERTAKER (ADDRESS) H. Dallmeyer & Sons 600 N. 3rd St

20. FILED 5/15 1933 Hy. G. Bloebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to May 25th, 1933
I last saw her alive on May 25th, 1933. Death is said to have occurred on the date stated above, at 11 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Passive Congestion of Lungs	
161 D.	
15	
150	

Other contributory causes of importance:
Underdeveloped fortus of 6½ mo. gestation

Name of operation No. Date of
What test confirmed diagnosis? Sign & Sympt. 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?
If so, specify
(Signed) A. P. Erich Schulz, M. D.
(Address) St Charles Mo.