

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

Do not use this space.

21352

JUN 29 1937

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123
 Township Carondelet Primary Registration District No. 6248 B
 City Jefferson Barracks (No. Vets. Adm. Fac.) St. _____ Ward _____

File No. _____
 Registered No. 195
 St. _____ Ward _____

2. FULL NAME James L. Cullinane

(a) Residence, No. 3712 Hebert Street St. _____ Ward Saint Louis, Missouri.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn. 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) November 15, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 4 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Saint Louis
 (STATE OR COUNTRY) Missouri

13. NAME James William Cullinane

14. BIRTHPLACE (CITY OR TOWN) Saint Louis
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Catherine Clifford

16. BIRTHPLACE (CITY OR TOWN) ?
 (STATE OR COUNTRY) Ireland

17. INFORMANT Clinical Clerk Marie Schully
 (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5-12-37

19. UNDERTAKER Cullinane Bros.
 (ADDRESS) Saint Louis, Missouri.

20. FILED May 10, 1937 G. Moury
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937, to May 9, 1937

I last saw him alive on May 9, 1937. Death is said to have occurred on the date stated above, at 10:00 m. P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic, active, far-advanced, with cavitations.
Tbc Laryngitis, chronic

Date of onset
Unkn.
unkn.

Other contributory causes of importance:

None

Name of operating physician None
 What test confirmed diagnosis? Clinical manif. and laboratory
 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 cardiophres
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF Jefferson Barracks, Mo.

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.

