

250 OCT 27 1939

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

Do not use this space.

32060

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125-
 Township Cape Girardeau Primary Registration District No. 3009
 City Cape Girardeau No. D.C.M. Hospital St. Mo. Ward 2
 2. FULL NAME Jerry Lee McCullough
 (a) Residence No. Greentree St. Greentree Wsd. 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.

File No. _____
 Registered No. 327
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 9 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 8:25, 1939, to 9:24, 1939.
 I last saw him alive on 9/23, 1939. Death is said to have occurred on the date stated above, at 2:10 A. m.
 The principal cause of death and related causes of importance were as follows:

Diaphragmatic Hernia
 Date of onset _____
 Other contributory causes of importance: 1222

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greentree, Mo.
 13. NAME Sydney McCullough
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greentree, Mo.
 15. MAIDEN NAME Lucetta J. Allen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Advance, Mo.
 17. INFORMANT (ADDRESS) Sydney McCullough, Greentree, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greentree Cemetery DATE Sept 25, 1939
 19. UNDERTAKER (ADDRESS) Wayne D. Meyer, Advance, Mo.
 20. FILED 9-24-39 J.M. Humphrey Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) Chas. J. Heflick, M. D.
 (Address) Cape Girardeau, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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