

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

Do not use this space.

11469

1. PLACE OF DEATH

County McDonald
Towship Rehoboth
City 1 (No. _____)

Registration District No. 1167
Primary Registration District No. 3699

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME

Samuel M. Cullers

(a) Residence No. _____ St. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Cullers</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 9 1866</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>3</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(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)

Mo.

PARENTS	10. NAME OF FATHER <u>Noah Cullers</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>V.A.</u>
	12. MAIDEN NAME OF MOTHER <u>Lyla Cullers</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>V.A.</u>

14. INFORMANT Catherine Cullers
(Address) Lawrence Kans

15. Apr 6, 1929 E. Edmondson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1928, to March 14 1929, that I last saw him alive on March 12 1929, and that death occurred, on the date stated above, at 11:30 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis Intestinal - (Chronic of Esier.)
(duration) yrs. 1 mos. 15 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. E. Cullers, M. D.
, 19 (Address) Merchmo.

*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

Rocky Comfort Cem Mar. 16 1929

20. UNDERTAKER Rogues Undertaker ADDRESS Wheaton

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.

60
20
1929

