

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

Do not use this space.

1. PLACE OF DEATH

35 County Franklin Registration District No. 288
 7 Township Deer Primary Registration District No. 4172
 4 City Kennett (No. _____) St. _____ Ward _____

File No. 39119
 Registered No. _____

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. K. Culbertson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 1858
 7. AGE YEARS 73 MONTHS 6 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Tenn 2
 13. NAME Peter Southern
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South 318
 15. MAIDEN NAME Mary Midealf
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2

17. INFORMANT J. W. Culbertson
 (ADDRESS) 11 Kennett St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dale Ridge DATE 12-5-32
 19. UNDERTAKER Leith Undertaking Co
 (ADDRESS) 258 Kennett St
 20. FILED Dec 31 1932 W. H. Culbertson
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-1932
 22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 4-32, 1932
 I last saw her alive on Nov 25, 1932 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arteriosclerosis
82A
87
 Other contributory causes of importance: 82A

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) J. W. Culbertson M. D.
 (Address) 1 Kennett St

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.

JAN 23 1933

WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

