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.

FEB 28 1933

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 1965 67
Township — Primary Registration District No. 2002 — Registered No.
City Joplin Mo (No. ..... St. ..... Ward)

2. FULL NAME E. H. Jack Culver
(a) Residence, No. Greenman Hosp St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lida Wheeler Culver
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1862
7. AGE YEARS 70 MONTHS 6 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 105
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Capitalist
10. Date deceased last worked at this occupation (month and year) 20 yrs ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baileytown Porter Co Indiana

FATHER
13. NAME Wm H. Culver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse N.Y.

MOTHER
15. MAIDEN NAME Lamira Marsh May
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Catskill N.Y.

17. INFORMANT (ADDRESS) Mrs. Rose C. Miller Denver Colo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cem DATE Feb 2 1933
19. UNDERTAKER (ADDRESS) Frank Sievers Co Joplin Mo
20. FILED 2 1933 McDeuson Clark Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1933, to Jan 30 1933
I last saw him alive on Jan 30 1933. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:
Mass Cellulitis Deep Tissues of neck. 15
Oedemena of glottis.
Other contributory causes of importance: Infected Tooth.
Date of onset
Name of operation Mt - Drain 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? M 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? M
If so, specify
(Signed) Mitchell Gerry, M. D.
(Address) Joplin, Mo