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

35886
Do not use this space.

1. PLACE OF DEATH NOV 15 1937

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 9463

(c) City St. Louis, Mo (d) Street No. Missouri Baptist Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jess Culwell

(a) Residence, No. ..... St. NR Bowling Green Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leta Culwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 25th, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Filling Station Attendant

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

10. Date deceased last worked at this occupation (month and year) Sept. 20th, 1937 11. Total time (years) spent in this occupation 4 Months

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gazette, Missouri

FATHER

13. NAME Samuel Culwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Permelia Woodson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Leta Culwell, Bowling Green, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bowling Green, Mo. DATE Oct. 12th, 1937

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Horn, 407 N. Eighth Ave

20. FILED OCT 11 1937 J. Biedeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1937, to Oct 10, 1937

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

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

	Date of onset
Peritonitis - General with partial intestinal destruction.	

Other contributory causes of importance: Acute Appendicitis Ruptured Appendix - Appendicial Abscess drainage Takeuchi

Name of operation Appendectomy Date of 10-5-37

What test confirmed diagnosis? Exam Was there an autopsy? yes

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? NO 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? NO

If so, specify .....

(Signed) Joseph E. Carney M. D.

(Address) 525 Frisco Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer N2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)