

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

Do not use this space.

32474 ^B

1. PLACE OF DEATH

County Stoddard
Township Coates
City Bloomfield Star Route (No.)

837
Registration District No.
Primary Registration District No. 6099

File No.
Registered No.
St. Ward)

2. FULL NAME

M. R. Culbertson
(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 70 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>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maitra Culbertson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 9th 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>78</u>		<u>5</u>	<u>4</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jas. Culbertson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hayes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

14. INFORMANT M. R. Culbertson
(Address) Bloomfield Star Route

15. FILED 9/13 1928 E. Ford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from 9/12 to 9/13 1928
I last saw him alive on 9/12 1928, and that death occurred, on the date stated above 9/13 at 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
74 yrs. mos. da.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) yrs. mos. da. unknown

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS Chiefly Sepsis
(Signed) Edward J. ..., M. D.
, 19 (Address) Bloomfield Mo

*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 Hill Cemetery DATE OF BURIAL 9/13 1928

20. UNDERTAKER Jas. A. Chilco ADDRESS Blvd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sign. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

