

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

Do not use this space.

33854

1. PLACE OF DEATH

County Vernon
Township Washington
City Howell, Mo. (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 274
St. Ward)

2. FULL NAME

A. H. Culver
(a) Residence. No. State Hospital # 3 St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 1/2 mos.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. A. H. Culver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>74</u>	<u>11</u>	<u>11</u>	<u>D.K.</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Auto Driver
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sauganaw Co.
(STATE OR COUNTRY)

10. NAME OF FATHER John L. Culver

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

12. MAIDEN NAME OF MOTHER Mary J. Carline

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

14. INFORMANT G. E. Culver
(Address)

15. FILED 11/5 1928 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 31st 1928, to Oct. 4th 1928
that I last saw h. alive on Oct. 2nd 1928, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
109A
97
1102 1000 (duration) yrs. mos. 3 ds.
CONTRIBUTORY General debility & arterio-sclerosis (SECONDARY) with embolism (duration) 1 1/2 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs
(Signed) Deett P. Child, M. D.
11/5 1928 (Address) State Hospital # 3

*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 Oak Hill DATE OF BURIAL 10/7 1928

20. UNDERTAKER Culver ADDRESS Bucks Mo

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.

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