

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

Do not use this space.
5200
FEB 25 1929

1. PLACE OF DEATH

County Vernon
 Township Washington
 City (No.)

Registration District No. 875
 Primary Registration District No. 6162

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Geo. W. Culler
 (a) Residence. No. State Hospital # 3 St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 hrs. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male **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 not given

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2. 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... yr. or ... min.
56 ? ? ?

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) not given
 (STATE OR COUNTRY)

10. NAME OF FATHER not given

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

12. MAIDEN NAME OF MOTHER not given

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

14. INFORMANT (Address) Mrs. E. W. Culler, Springfield, Mo.
998 N. Jefferson

15. FILED 2-6-29 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6 1929

17. I HEREBY CERTIFY, That I attended deceased from 10 P.M. Jan 5, 1929, to 12-20 Jan 6, 1929 that I last saw h. alive on 11, 1929, and that death occurred, on the date stated above, at 12-20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General paralysis of the insane
8 3/4
84

CONTRIBUTORY Maniacal exhaustion
 (SECONDARY) (duration) ? 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
 (Signed) J. J. O'Dell, M. D.
Jan. 6 1929 (Address) Merada 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 Springfield Mo. **DATE OF BURIAL** 19/ 1929

20. UNDERTAKER Terry Funeral Home
 ADDRESS Stone Woods

108
 0
 0
 198
 31
 31
 31

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.

