

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

Do not use this space.

20358

1. PLACE OF DEATH

County Randolph Registration District No. 735
 Township _____ Primary Registration District No. 3034
 City Moberly (No. 50 1/2 W. Reed) St. _____ Ward _____

File No. _____
 Registered No. 256
 St. _____ Ward _____

2. FULL NAME Mary F. Culver

(a) Residence. No. 50 1/2 W. Reed St. Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No data

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21st 1847

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	83	0	1	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER ? Wurtz

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

12. MAIDEN NAME OF MOTHER Elizabeth Hassel

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

14. INFORMANT Mrs. C. Leslie (Address) Moberly Mo.

15. FILED 6/22 30 Dr. Thos. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22nd 1930

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1930, to 27 June, 1930 that I last saw her alive on 27 June, 1930, and that death occurred, on the date stated above, at 2:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arterio-sclerosis

9/10 77 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED (PATHOLOGIST) Micro

(Signed) M. J. Meigs, M. D.

6-22nd 1930 (Address) Moberly 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

Quincy, Ill. DATE OF BURIAL 6-24th 1930

20. UNDERTAKER

Maham 2nd Son ADDRESS Moberly 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.

JUL 25 1930

