

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

Do not use this space.

31373

3870

1. PLACE OF DEATH

County Jackson Registration District No. _____

Township _____ Primary Registration District No. _____

City J. C. Mo No. Lakeside Hosp. St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4040 E-60th St. Terr. Ward 16
(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 He 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14-1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 9 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School grad
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER J. C. Culler

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

12. MAIDEN NAME OF MOTHER Therese Lulbs

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

14. INFORMANT J. C. Culler
(Address) 4140 E-60th Terr. KCMO

15. FILED 9/19 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-18-1931

17. I HEREBY CERTIFY, That I attended deceased from 12th Sept 1931, to Sept 18th 1931 that I last saw her alive on Sept 17th 1931 and that death occurred, on the date stated above, at 127 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diffuse peritonitis
12118

129 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) gangrenous perforated appendix (duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED

1. NOT AT PLACE OF DEATH 4140 East 60th

1. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept. 13th

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Unop clinical & Pat.
(Signed) Alfred E. Simville D.D.M.D.

10-19-1931 (Address) 612 Chambers Bldg. 14 E. 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 Memorial Park DATE OF BURIAL 9-21 1931

20. UNDERTAKER Mrs. C. L. Forster K.C.M. ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr Lineville
612 Chamberlayne Bldg. #12-2054