

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

Do not use this space.

17005

1. PLACE OF DEATH

78 County Peoria
Township Coates
City Stacy (No. _____)

Registration District No. 656
Primary Registration District No. 5873

File No. _____
Registered No. 34
St. _____ Ward _____

2. FULL NAME

John H. Culp

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1891

7. AGE YEARS 44 MONTHS 3 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Delivering sec. 96

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton

13. NAME A. S. Culp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton

15. MAIDEN NAME Susie Swabber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton

17. INFORMANT A. S. Culp
(ADDRESS) Holland mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville DATE 5-30-1932

19. UNDERTAKER Greenwood
(ADDRESS) Stacy mo

20. FILED June 9 1932 A. Harrison
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28-1932

22. I HEREBY CERTIFY, That I attended deceased from 5th month, 1931, to 5-28, 1932

I last saw him alive 5-28, 1932 Death is said

to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Aneurism of the
aorta and rupture
76
1931

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. B. Maxwell, M. D.
(Address) Stacy mo

V.S. No. 2. INFORMATION REQUIRED FOR BINDING. 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.

MAY 24 1932

DEC 12 1946