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.

JAN 9 1933

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

Do not use this space.

36474

1. PLACE OF DEATH

70

County Montgomery — Registration District No. 591 — File No.

Township Prairie — Primary Registration District No. 5789 — Registered No.

City Marling (No. , St. Ward)

2. FULL NAME Selma N. Kulhman

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. II mos. 8 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William H. Kulhman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. I5th. I885

7. AGE: 46 YEARS — MONTHS: II — DAYS: 8 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 5

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) Marling, Missouri 1

FATHER

13. NAME Rodney H Ankrom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia 2

MOTHER

15. MAIDEN NAME Ella True Cluster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashley, Missouri 1

17. INFORMANT (ADDRESS) William H. Kulhman Marling, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE West Prairie DATE Nov. 24th. 32

19. UNDERTAKER (ADDRESS) Jones & Wells Middletown, Missouri

20. FILED Nov. 23, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12th, 1932, to Nov 23rd, 1932

I last saw her alive on Nov 23rd, 1932. Death is said to have occurred on the date stated above, at 2:50 a.m.

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

Sarcoma of right breast — Date of onset

50 50

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? no

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? no

If so, specify

(Signed) A. Hirsch, M. D.

(Address) Middletown