

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

Do not use this space.

8990

1. PLACE OF DEATH
 93 County St. Clair Registration District No. 762
 Township Collins Primary Registration District No. 6003
 City (No. St. Ward)

File No. _____
 Registered No. _____

2. FULL NAME Charles Walter Culbertson
 (a) Residence, No. _____ 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 male 4. COLOR OR RACE white 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 2 - 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 2 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 _____

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1933, to Feb 8, 1933
 I last saw him alive on Feb 8, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
anthracosis (don't know)
1 cavity in left lung
asthma
 (Other contributory causes of importance: _____)
 Date of onset: 4 days

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 FATHER 13. NAME William F. Culbertson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 MOTHER 15. MAIDEN NAME Milly A. Collins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation none Date of _____
 What test confirmed diagnosis? clinical. 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 _____

17. INFORMANT (ADDRESS) Mrs. W. F. Culbertson
 18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Cemetery DATE Feb 10 1933
 19. UNDERTAKER (ADDRESS) J. Joseph
St. Louis Mo
 20. FILED Feb 10 1933 Mrs. S. L. Gardner
 Registrar.

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify working in coal mines
 (Signed) R. C. Neumann, M. D.
 (Address) St. Louis Mo

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

PAPER RESERVED FOR BINDING

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.

U. S. NO. 2

