

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

Do not use this space.

FEB 19 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Boonville Primary Registration District No. 1002
City Kansas City Mo. (No. 112 Hospital)

File No. 1211
Registered No. 80 St. 80 Ward

2. FULL NAME

(a) Residence, No. 2014 East 11th St. St. Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Culliver</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-10-1909</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>4</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>waiter</u>		
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) <u>Fine Bluff Arkansas</u>		
13. NAME <u>L. C. Culliver</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Theo D. Dawson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
17. INFORMANT <u>Kansas City T.B. Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>Jan. 8 1935</u>		
19. UNDERTAKER (ADDRESS) <u>D. Doyle Bros 1708 Tracy</u>		
20. FILED <u>1/8 1935 M. McIwale asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Jan 6 1935
I last saw him alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 2:45 AM.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset Jan. '33
23
Other contributory causes of importance:
Pneumatic heart disease (arterio) Feb. '33
mitral stenosis

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? No
If so, specify.....
(Signed) R. C. McIwale M. D.
(Address) K. C. 24 North Leeds 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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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