OCT 2 1935

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

Do not use this space.
14086-a

1. PLACE OF DEATH
County St Clair Registration District No. 1005 File No.
Township Dayal Primary Registration District No. 6009 Registered No.
City (No. St. Ward)

2. FULL NAME Riley L. Culberson
(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: M
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~~ Florence Culberson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1863
7. AGE: Years 71 | Months 6 | Days 29 | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osceola Missouri

FATHER
13. NAME Greenberry Culberson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Carolina Culberson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Florence Culberson
(ADDRESS) Osceola, Mo. R.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Osceola DATE Apr. 29, 1935
19. UNDERTAKER F. B. Goodrich
(ADDRESS) Roscoe, Missouri
20. FILED Sept 25, 1935 J. T. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28, 1935
22. I HEREBY CERTIFY, That I attended deceased from Apr 13th, 1935, to Apr 28, 1935
I last saw him alive on 28 of Apr, 1935. Death is said to have occurred on the date stated above, at 2 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Coma	

Other contributory causes of importance:

Name of operation No 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? No 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 None
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. H. Sulloway, M. D.
(Address) Osceola

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.