

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
City *St. Louis* (No. *2190*)

File No. **18120**
Registered No. **4464**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Kate Culbertson

Length of residence in city or town where death occurred **6** yrs. mos. ds.

ward **26**
(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F**
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 **Mrs. Marion Culbertson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 17, 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 ~~**47**~~ **9** **29**

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

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) **Meramec**

13. NAME **John Boyer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Mary O'Fallon**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Wm. J. ... City St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **5-20-35**

19. UNDERTAKER (ADDRESS) **W. W. Laughlin 2301 ...**

20. FILED **8 1935** **J. B. Debeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/16 1935**

22. I HEREBY CERTIFY, That I attended deceased from **5/16 1935** to **5/16 1935**

I last saw **her** alive on **5/16 1935** Death is said

to have occurred on the date stated above, at **6:30** m.

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

Date of onset

Solar Pneumonia
108

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **N.**

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) **W. H. McLaughlin** M. D.

(Address) **City St. Louis**

