

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 22 1935

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

1 PLACE OF DEATH

County St. Clair  
Township Roscoe  
Village  
City (NO. St. Ward)

Registration District No. 766 File No. 20835  
Primary Registration District No. 6011 Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James Volna Culbertson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH August 18 1888  
(Month) (Day) (Year)

7 AGE 46 yrs 10 mos 11 ds.  
If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) St. Clair Co. Missouri

PARENTS  
10 NAME OF FATHER John F. Culbertson  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri  
12 MAIDEN NAME OF MOTHER Lena Piper  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. V. Culbertson  
(Address) Roscoe Mo.

15 Filed July 6 1935 Mrs. F. B. Good  
Regist.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 29 1935  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 29 1935 to June 29 1935  
that I last saw him alive on June 29 1935  
and that death occurred, on the date stated above, at 8:50 a.m.

The CAUSE OF DEATH\* was as follows:  
Acute Indigestion  
152 1/2  
(Duration) yrs. mos. ds.

CONTRIBUTORY Cooked Beans (Acute Indigestion)  
(Secondary) Only cured a few hrs  
(Duration) yrs. mos. ds.  
(Signed) J. W. Richardson M. D.  
191 (Address) Piffie Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, & Recent Residents)

Place of death yrs. mos. ds. In the State 4 yrs 10 mos 11 ds.  
Where was disease contracted at home  
at place of death?  
Home or other residence All life in state

PLACE OF BURIAL OR REMOVAL Ellen Cem DATE OF BURIAL June 30 1935  
UNDERTAKER Culbertson ADDRESS Callis Mo

