

NOV 26 1935

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

Do not use this space.

33643

1. PLACE OF DEATH

County Spencer
Township Spencer
City (No.) St. Ward)

Registration District No. 686
Primary Registration District No. 5913

File No.
Registered No. 17

2. FULL NAME

James Conrad Cullers

(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 19 yrs. 6 mos. 5 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1916
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Curryville mo
13. NAME James C. Cullers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
15. MAIDEN NAME Katherine Conrad
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Mrs Katherine Cullers Curryville
18. BURIAL, CREMATION, OR REMOVAL PLACE Curryville mo DATE Oct 23 1935

19. UNDERTAKER (ADDRESS) W. B. Elmore Bowling Green Mo
20. FILED Oct 23 1935 Mrs Gene Hendrix Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/20 1935
22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
Fracture of Skull and Brain injury Date of onset 10/21/35

Other contributory causes of importance:
210

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? Accident Date of injury 10/20 1935
Where did injury occur? High Way S 4 East of Curryville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by Car
Nature of injury Fracture of skull
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. M. Matthews, Coover M. D.
(Address) Bowling Green 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.

