

MAR 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township Bronville
City Bronville (No.)

Registration District No. 218
Primary Registration District No. 3015

File No. 5186
Registered No. 18

2. FULL NAME

(a) Residence No. Pilot Grove Mo Ward.

Length of residence in city or town where death occurred 13 yrs. — — mos. — — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Elizabeth Culler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 6 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 10 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased first worked at this occupation (month and year) July 1 - 36 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

13. NAME John Culler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

15. MAIDEN NAME Mary Kilpatrick

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

17. INFORMANT (ADDRESS) Helen Culler Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL P. Lot Grove Mo, PLACE St Joseph Cem DATE 7 - 19 36

19. UNDERTAKER (ADDRESS) Jays & Stockleise Pilot Grove, Mo

20. FILED Feb 12, 1936 D. Wagner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 19 36

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 19 36 to Feb 11, 19 36

I last saw him alive on 8 pm Feb 11, 1936 Death is said to have occurred on the date stated above, at 12 pm

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

accidental injury to chest + fract. of several ribs and injury of R lung by fractured ribs - palpitations etc

Other contributory causes of importance: secondary palpitations preceding and following above lung injury

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide ACCIDENT Date of injury Feb 4, 1936

Where did injury occur? Highway No. 6 MI. WEST BRONVILLE (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway #40

Manner of injury. Auto Collision

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) D. H. Baer M. D.

(Address) Bronville Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

