WRITE 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.

100M-3-28-35

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

MAY 21 1936

Do not use this space.

15002

1. PLACE OF DEATH
County: Howell — Registration District No.: 384
Township: — Primary Registration District No.: 4227
City: West Plains (No. ..., ... St. ... Ward)

File No.:
Registered No.:

2. FULL NAME: George Calvin Culbertson
(a) Residence, No. ... St., ... Ward. West Eminence, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Stella Culbertson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20, 1904

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
31	11	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Trucking
10. Date deceased last worked at this occupation (month and year): 4-18-36
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shannon Co., Mo.

FATHER
13. NAME: John R. Culbertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary Counts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Mrs. Grace Grizzle
(ADDRESS) Winona, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Winona, Mo. DATE: Apr. 26, 1936

19. UNDERTAKER: Robertson's Mortuary
(ADDRESS) West Plains, Mo.

20. FILED: 4-24, 1936 Vida W Simons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1936 to April 24, 1936
I last saw him alive on April 24, 1936. Death is said to have occurred on the date stated above, at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Internal Injuries~~	
-In trying to avoid stock on road, truck went over 200-ft embankment	
2/10 M	
Other contributory causes of importance:	
~~Fractured Spine~~	

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 4/18, 1936
Where did injury occur? Shannon County, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place - Highway #106
Manner of injury: Thrown from overturned truck
Nature of injury: Frac. spine & internal injury

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify: Was driver of truck

(Signed) W. C. Hogue, M. D.
(Address) West Plains, Mo.