

MAY 27 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18175

1. PLACE OF DEATH
County Scott Registration District No. 816
Township Helao Primary Registration District No. 6065
City (No. _____) St. _____ Ward _____

2. FULL NAME Andrew Jackson Culbertson
(a) Residence, No. R.F.D. #2 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. _____ 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) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF "

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13 - 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. _____ min.
	<u>0</u>	<u>2</u>	<u>24</u>	

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

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) Chaffee Mo

13. NAME Asaon Culbertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chaffee Mo

15. MAIDEN NAME Judith Bryker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamar Mo

17. INFORMANT (ADDRESS) Princess Allan Chaffee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. P. Co. Chaffee Mo DATE 4-1-36

19. UNDERTAKER (ADDRESS) W. J. Finney Chaffee Mo

20. FILED 417 19 36 W. J. Finney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1936, to 4-7, 1936
I last saw him alive on July - 7 - 1936 Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:
Influenza and Pneumonia are supposed cause of death Nelson Personal saw chest in last illness Date of onset 4 days

Other contributory causes of importance:
Nutritive Causes: Poverty, Poor Hygiene, Insufficient food - Cold Weather

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? _____ 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? no
If so, specify _____
(Signed) W. J. Finney, M. D.
(Address) Chaffee 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.

