

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.

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

Do not use this space.

JUL 18 1936

18935

1. PLACE OF DEATH

County Clinton Registration District No. 207
Township..... Primary Registration District No. 4125
City Plattsburg (No.) St. Ward.....

File No. 23
Registered No. 15-

2. FULL NAME Catherine Culp

(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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. E. Culp</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 7, 1864</u>				
7. AGE	YEARS <u>22</u> (72)	MONTHS <u>3</u>	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>			
	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) Harper, Iowa
(STATE OR COUNTRY)

13. NAME Mike Hogan

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

15. MAIDEN NAME Susan Cuser

16. BIRTHPLACE (CITY OR TOWN) Beary, Germany
(STATE OR COUNTRY)

17. INFORMANT Joseph Hoffman
(ADDRESS) Plattsburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLAC. Plattsburg Mo DATE 5-20-36

19. UNDERTAKER John J. O'Brien
(ADDRESS) Plattsburg Mo

20. FILED 5/26 19 1936 C. W. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1936
22. I HEREBY CERTIFY, That I attended deceased from May 21, 1936, to May 24, 1936
I last saw h. h. alive on May 21, 1936 Death is said to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance were as follows:

Double Lobar Pneumonia Date of onset 5-18-36

Other contributory causes of importance:

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?..... 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) P. M. Steckman, M. D.
(Address) Plattsburg Mo,

