

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

Do not use this space.

1. PLACE OF DEATH **AUG 14 1936**

County **Andrew,**
Township
City **Savannah,**

Registration District No. **13**
Primary Registration District No. **4010**
(No. **Dr. Nichols Sanitorium**)

25383

File No.
Registered No.
St. _____ Ward _____

2. FULL NAME **Joseph Randolph Culver,**
(a) Residence, No. _____ St. _____ Ward **Wellington, Texas.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **3** 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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lillie Culver**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 6th 1867**

7. AGE YEARS **68** MONTHS **10** DAYS **26** If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) **July 1937** 11. Total time (years) spent in this occupation **65**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Georgia**

MOTHER 13. NAME **unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Georgia**

15. MAIDEN NAME **unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT **Hospital Record**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wellington, Texas July 30th 1936**

19. UNDERTAKER **Frank A. Bowman**
(ADDRESS) **Savannah, Missouri.**

20. FILED **July 2 1936** **Wm A R King**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 2 1936**

22. I HEREBY CERTIFY that I attended deceased from **June 30 1936** to **July 2 1936**
I last saw him alive on **July 2 1936** Death is said to have occurred on the date stated above, at **12:30 a.m.**

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

Cerebral Hemorrhage Date of onset **7/1/36**

Other contributory causes of importance: **arteriosclerosis** (P)

Name of operation **none** Date of _____
What test confirmed diagnosis? **physical findings** 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) **S. E. Metheny**, M. D.
(Address) **Savannah, 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.

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