

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

Do not use this space.

3077

1. PLACE OF DEATH
 44 County Jasper Registration District No. 411
 Township Primary Registration District No. 2002
 5 City Joplin (No. St. John's Hospital St. Ward)

2. FULL NAME Welia Kerr Culver (Culver) 416
 (a) Residence, No. St. Ward. Galena, Kansas.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Roy Culver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47. 3. 0

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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1938

22. I HEREBY CERTIFY that I attended deceased from June 1937 to Jan 10, 1938
 I last saw h. alive on Jan 10, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of R. Breast
Tubercular lympho-adeno
gous type
General metastasis 50

Date of onset

Other contributory causes of importance:
Feb 1, 1937. Sub total hysterectomy
no evidence of malignancy
apparent in these exam.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haven - Kansas

13. NAME Robert E. Kerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Rosa Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West. Virginia

17. INFORMANT Roy Culver Culver
 (ADDRESS) Galena, Kansas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena, Kansas DATE Jan. 10, 1938

19. UNDERTAKER Boice undertaking co.
 (ADDRESS) Galena, Kansas.

20. FILED 1-12-1938 Ed James
 Registrar

Name of operation Sub Date of Feb

What test confirmed diagnosis? Sub 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 no
 (Signed) Ed James, M. D.
 (Address) Galena, Kansas.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH