

REC'D APR 19 1938

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

10611

Do not use this space.

1. PLACE OF DEATH

(a) County Delaware Registration District No. 263
(b) Township Chambers Primary Registration District No. 6265 Registered No.
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Edwin Culley 400
(a) Residence, No. St. (If nonresident, give city or town and State)

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 Nora Culley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 7 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Rock Island Ill.

13. NAME Samuel Culley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Charlotte Hermon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Volap Culley

18. BURIAL, CREMATION, OR REMOVAL PLACE Heathery Mo DATE 3/31 1938

19. FUNERAL DIRECTOR (ADDRESS) W Moore20. FILED Apr 10 1938 Gas Fitzgerald Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to March 29 1938
I last saw h. in. alive on March 28 1938. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Cerebral hemorrhage
apoplexy
Date of onset 1/24/38

Other contributory causes of importance:
Arterio-sclerosis
Chronic valvular heart disease

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 Hand M. D.
(Signed) Hand

(Address) Magdelle, Mo.
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STATEMENT BY LICENSED EMBALMER

I, OA Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

OA Moore

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)