

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

Do not use this space.

REC'D MAY 24 1938

1. PLACE OF DEATH

County Ray
 Township Grape Grove
 City (No. St. Ward)

Registration District No. 914
 Primary Registration District No. 6235-

File No. 15667
 Registered No. 3-

2. FULL NAME

Siddons Franklin Culp 410

(a) Residence, No. St. Ward
 (Usual place of abode)
 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. (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 15, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 5 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor on Farm
 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 all

12. BIRTHPLACE (CITY OR TOWN) Albany Mo. (STATE OR COUNTRY) Mo.

FATHER
 13. NAME John S. Culp

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

MOTHER
 15. MAIDEN NAME Don't no

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

17. INFORMANT Gid Clemens (ADDRESS) St. Acc Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Mo. DATE May 14, 1938

19. UNDERTAKER John W. Knipsethild (ADDRESS) Hardin Mo.

20. FILED Mar 16, 1938 W. E. Hunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 12 to March 13, 1938
 I last saw him alive on March 12, 1938. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:
Apoplexy, from Hemorrhage of brain
relating cause
Arterial Sclerosis

Date of onset March 12, 1938

Other contributory causes of importance: 92nd

Name of operation not any 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?
 If so, specify

(Signed) L. R. Dobby M. D.
 (Address) Northwood Ave. S. P. 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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