

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

Do not use this space.

18220

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St. Joseph's Hosp.)

Registration District No. 399.c
Primary Registration District No. 100.2

File No. _____
Registered No. 2322
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 5346 Tracy St. 15 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles E. Curtis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13, 1888

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
38 | 9 | 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

10. NAME OF FATHER Herman Schully

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT B. E. Curtis
(Address) 5346 Tracy

15. FILED 6/5 27 1927 M. M. Brown REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1927

17. I HEREBY CERTIFY That I attended deceased from Jan 1 1927 to Jan 3 1927 that I last saw him alive on Jan 3 1927, and that death occurred, on the date stated above, at 2:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction
following operation

1226 (duration) 3 yrs. mos. ds.

CONTRIBUTORY Intestinal obstruction (SECONDARY)

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Not known
NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 3

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? as above
(Signed) Heward Hill, M. D.

(Address) 734 E. 9th St. Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah DATE OF BURIAL 6-6 1927

20. UNDERTAKER H. H. Newcome ADDRESS Low R. Co. 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.

267
5:07 PM Sat.

Handwritten notes and scribbles, including a vertical line of text that appears to read "C. 2. 3." and other illegible markings.