5 1928

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.

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

Do not use this space.

20324

1. PLACE OF DEATH

County Franklin — Registration District No. 293 — File No.

Township — Primary Registration District No. 4177 — Registered No. 25

City Pacific (No. ..... St. ..... Ward)

2. FULL NAME Jennie Curtis

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: B.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Alonzo Curtis

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 16, 1863

7. AGE: Years 64 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home.
(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): Missouri

PARENTS

10. NAME OF FATHER: Edw. Davison
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): Not Known.
12. MAIDEN NAME OF MOTHER: Hannah Bottoms
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Not Known.

14. INFORMANT: Alonzo Curtis
(Address): Pacific, Missouri

15. FILED July 21, 1928 Helen Thiebes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to June 30, 1928, that I last saw her alive on June 29, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Womb.
48.
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. E. Williams, M. D.
7/2, 1928 (Address) Pacific Mo

*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: Pacific Colored Cemetery — DATE OF BURIAL: 7-2 1928

20. UNDERTAKER: Jno. A. Thiebes — ADDRESS: Pacific Mo.