

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

Do not use this space.

1206

1. PLACE OF DEATH

County Windsor
Township Spickard
City Spickard (No.)

Registration District No. 389
Primary Registration District No. 4196

File No.
Registered No. 3
St. Ward)

2. FULL NAME

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 | 10 | 7 | — | —

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Mercer Co Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Labe Curtis

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

12. MAIDEN NAME OF MOTHER Sarah Ballou

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

14. INFORMANT Wm Pixler
(Address) Spickard Mo

15. Feb 5 1929 Edw Ewing
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 30 1929 to Jan 30 1929, that I last saw him alive on Jan 29 1929, and that death occurred, on the date stated above, at Spickard Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
of Chronic Nephritis
131
97 (duration) ent yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. L. McElvahan, M. D.

Jan 31 1929 (Address) Spickard 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 Pine Merc Co Mo DATE OF BURIAL 2-1-1929

20. UNDERTAKER Chas Schaefer ADDRESS Spickard Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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267

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2
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1954