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

Do not use this space.

5114

1. PLACE OF DEATH

County Stanc Registration District No. 844
Township Ponce de Leon Primary Registration District No. 6107
City Ponce de Leon (No.) St. Ward)

File No.
Registered No. 3

2. FULL NAME

Jessie Curbow

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Therese Curbow
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4, 1910
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 11 18

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) Ponce de Leon, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER J. E. Glasier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ponce de Leon, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mildred Burdett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ponce de Leon, Mo
(STATE OR COUNTRY)

14. INFORMANT (Address) J. E. Glasier
Ponce de Leon

15. FILED 2-5-29 Ola Magers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1929, to Jan. 22, 1929.
that I last saw him alive on Jan. 22, 1929, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Septicemic
145A
147R
146 (duration) yrs. mos. 10 da.

CONTRIBUTORY (SECONDARY) Same
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature], M. D.
, 19 (Address) Galena 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. Galena Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ponce de Leon Mo DATE OF BURIAL 1-23-29

20. UNDERTAKER Scott Moore ADDRESS Galena 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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L. J. Burns