

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

Do not use this space.

36396

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. State Hosp #2)

File No.
Registered No. 1317
St. Ward

2. FULL NAME

(a) Residence. No. State Hosp #2 St. 2nd Ward. Gallatin Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1853

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.
76 2 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Gallatin
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Geo Curtis

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

12. MAIDEN NAME OF MOTHER Margaret McKe...

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

14. INFORMANT State Hosp #2 records
(Address) St. Joseph Mo

15. FILED 75 19 29 John J. [unclear] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 19 29

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1929, to Nov 16, 1929, that I last saw him alive on Nov 16, 1929, and that death occurred, on the date stated above, at 6:29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cerebral hemorrhage
82A
97

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

18. WHERE WAS DISEASE CONTRACTED? 7401

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) D. [unclear], M. D.

*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 Gallatin Mo DATE OF BURIAL 11/17 1929

20. UNDERTAKER J. J. [unclear] ADDRESS 216 So 10th

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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