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

Do not use this space.

39096

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Ethonis Mo (No. 2336a So 13th St. ..... Ward)

File No. .....

Registered No. 11578

2. FULL NAME Margarete (Curtain) Curtin

(a) Residence. No. 2336a So 13 St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-15-1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	3	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self

235

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

PARENTS

10. NAME OF FATHER Michael Cahill

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

12. MAIDEN NAME OF MOTHER Anna Vaughen

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

14. INFORMANT Michael Curtin
(Address) 2336a So 13th St.

15. FILED NOV 26 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-24 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-10, 1929, to 11-24, 1929, that I last saw her alive on 11-24, 1929, and that death occurred, on the date stated above, at 1 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adeno Carcinoma of Right ovary

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) 410

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

9 DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory

(Signed) [signature], M. D.

11/26, 1929 (Address) 3010 S. Grand Blvd

*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	DATE OF BURIAL
Calvary Cemetery	11-27 1929
20. UNDERTAKER	ADDRESS
Weick Bros 2201	So Grand

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD