

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

Do not use this space.

5687

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
 Township Marion Primary Registration District No. 3079  
 City Hannibal (No. St Elizabeth Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 47

**2. FULL NAME**

Thomas Curtis  
 (a) Residence. No. Casis mo 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1875</u>		
7. AGE YEARS <u>55</u>	MONTHS _____	DAYS _____
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Railroad worker  
 (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) Mo

PARENTS	10. NAME OF FATHER <u>James Curtis</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	12. MAIDEN NAME OF MOTHER <u>Katherine Fields</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>

14. INFORMANT Jerry Curtis  
 (Address) Hannibal Mo

15. FILED 7/5 1930 W. Clausen  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/24 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Jan-10 1930 to Feb-20 1930 that I last saw him alive on Jan-24 1930 and that death occurred, on the date stated above, at \_\_\_\_\_ p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac reorganization  
myocarditis  
92A (duration) 5 yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) POW (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) W. J. Rowena M. D.  
2/24 1930 (Address) Hannibal 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 <u>McGowan City Mo.</u> <u>Indian Creek</u>	DATE OF BURIAL <u>2/26</u> 19 <u>30</u>
20. UNDERTAKER <u>James O'Donnell</u>	ADDRESS <u>Hannibal Mo.</u>

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.

MAR 28 1930

