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

Do not use this space.

20166

1. PLACE OF DEATH
County Nodaway — Registration District No. 617 — File No.
Township Grant — Primary Registration District No. 4368 — Registered No. 9
City Barnard (No. ..... St. ..... Ward)

2. FULL NAME John Campbell Curnutt
(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 40 yrs. 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 1. Louisa M. Patton 2. Maggie Conlan ~~Widowed~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29 1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	5	20	

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

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

PARENTS
10. NAME OF FATHER Preston Curnutt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Campbell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT Thelma Cotter
(Address) Barnard, Mo

15. FILED 6/27, 1930 Chas. F. Hunt M.D. REGISTRAR
7/7/30 C. P. Fryer M.E.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930, to June 19, 1930, that I last saw him alive on June 18, 1930, and that death occurred, on the date stated above, at 3:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia
131
1328
(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY)
Chronic Interstitial Nephritis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) D. A. Collard, M. D
6/27, 1930 (Address) Barnard 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: Barnard Mo
DATE OF BURIAL: June 20 1930

20. UNDERTAKER: W. D. Campbell
ADDRESS: Barnard 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.