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

Do not use this space.

29868

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3073
Township Kan — Primary Registration District No. 1002 — Registered No.
City K.C. Mo. (No. 4114 Monroe St. Ward)

2. FULL NAME Amy Evelyn Curthright
(a) Residence. No. 4114 Monroe St., 16 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-24-1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	9	11	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER Wm Porter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT C. O. Fell
(Address) 4114 Monroe

15. FILED 9/7, 1930 M. M. Crowe REGISTRAR Assr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 — 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1930, to Sept 5, 1930 that I last saw her alive on Aug 29 — 1930, and that death occurred, on the date stated above, at 1 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric carcinoma
4 [illegible]
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Iowa
DID AN OPERATION PRECEDE DEATH? yes DATE OF over
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? over
(Signed) D. J. McCalman, M. D.
9/5, 1930 (Address) 3850 Brooklyn

*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: Mt. Washington — DATE OF BURIAL: Sept. 8 1930

20. UNDERTAKER: Mrs. C. L. Foster — ADDRESS: K.C. 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.

About 6 weeks ago was operated by Mayo's. Cut growth could not be removed owing to metastases.

J.S.M.

3850 [illegible]
3 [illegible]