

WRITE PLAIN INK 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.

MAR 25 1931

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

Do not use this space.

6048

1. PLACE OF DEATH

59 County Jefferson Registration District No. 4 D 50  
Township Walley Primary Registration District No. 30 D 5  
City De Soto (No. ....) St. .... Ward)

File No. ....  
Registered No. 11  
St. .... Ward)

2. FULL NAME Rebecca Johnstone Curtis

(a) Residence No. .... St. .... 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 Female 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 John Curtis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-7-1833

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
97 9 15

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Hamilton New Jersey (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Wilson

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

12. MAIDEN NAME OF MOTHER Jane the Johnstone

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

14. INFORMANT Jessie Curtis McMullen (Address) De Soto Mo.

15. FILED 7 24 31 B. H. Rausley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/22 1931

17. I HEREBY CERTIFY, That I attended deceased from January 1, 1931 to Feb - 22, 1931. That I last saw him alive on Feb 20, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Mitral regurgitation of heart  
92A Not known  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED W

8 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Walter Gibson, M. D.

Feb 23, 1931 (Address) De Soto 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 Calvary Cem. De Soto Mo. DATE OF BURIAL 2/24 1931

20. UNDERTAKER Geo. L. Bryan ADDRESS Bonneton Mo.

