

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

17794

**1. PLACE OF DEATH**

County Holt  
Township Minton  
City (No. ....) (Ward) .....

Registration District No. 047  
Primary Registration District No. 5512

File No. 104  
Registered No. 104

**2. FULL NAME** Carl Edgar Curtis

(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 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 yrs 6 mo, 1 da 6 10

**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) .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA 2

10. NAME OF FATHER Howard Curtis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

12. MAIDEN NAME OF MOTHER Mary Edith Berry

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

14. INFORMANT Mary Edith Perry  
(Address) Fortescue No.

15. FILED 5/4 19 31 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4-1931 18

17. I HEREBY CERTIFY, That I attended deceased from 5-3 1931, to 5-3 1931, that I last saw him alive on 5-3 1931, and that death occurred, on the date stated above, at 4:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Convulsions  
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Measles  
3 days (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS Physical  
(Signed) [Signature] M. D.

5-4 19 31 (Address) Fortescue No.

\*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

Catron Cemetery 5/4 19 31

20. UNDERTAKER ADDRESS  
W.H. Crawford Mound city

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.

JUL 24 1931

