WRITE PLAINLY, 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.

JUN 26 1931

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

Do not use this space.

17866

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 55-54 — Registered No. 191
City Indep., Mo. (No. 1928 Arlington, Ave, St. ..... Ward)

2. FULL NAME John Curtain
(a) Residence. No. 1928 Arlington 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: Male
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: Kate Curtain

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June-11-1834

7. AGE: Years 96 — Months 4 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: Curtain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No Record

14. INFORMANT: Wm Curtain
(Address) 2204 Home, Indpo Mo

15. FILED May 18, 1931 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to May 16, 1931 that I last saw him alive on May 16, 1931, and that death occurred, on the date stated above, at 6:15 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Broncho Pneumonia
93C
1 Ryo
(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
(duration) 2 yrs. 1 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED: 93C (1)
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) W W Hobbs, M. D.
5-17, 1931 (Address) Raytown 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: St. Mary's — DATE OF BURIAL: May-18-1931

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

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