

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

Do not use this space
Dr Collins
18842
File No.
Registered No. **49** St. Ward)

1. PLACE OF DEATH

73 County *Deming* Registration District No. *651*
Township *Little Prairie* Primary Registration District No. *8-862*
City *Thomas* (No. St. Ward)

2. FULL NAME

Thomas D. Curtis
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

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 *✓*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *P.K.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 52

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) *unknown* 11. Total time (years) spent in this occupation *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn 2*

MOTHER FATHER 13. NAME *Jack Curtis*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

MOTHER 15. MAIDEN NAME *Martha Ann Buchanan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

17. INFORMANT (ADDRESS) *Thos D Curtis, Caruthersville Mo R2*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maple Cemetery* DATE *5-11-31*

19. UNDERTAKER (ADDRESS) *W. S. Smith, Caruthersville Mo*

20. FILED *May 31 1931* *Ada Martin* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 31, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 30, 1931* to *May 31, 1931*, 19...

I first saw him alive on *May 31, 1931*. Death is said to have occurred on the date stated above, at *4 P.M.*

The principal cause of death and related causes of importance were as follows:

Cancer of liver
46E
46E

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. *①*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Thos D Collins*, M. D.

(Address) *Caruthersville Mo*

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.

APR 27 1931

