

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

Do not use this space.

19620-0
19613-
File No. _____
Registered No. 5586
St. _____ Ward)

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **701**
City..... (No. **1003**)

2. FULL NAME

Hannah Curtis

(a) Residence. No. **2316 Pine** St., **21** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **7** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Fem* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/9* 19 *31*

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

17. I HEREBY CERTIFY, That I attended deceased from *5/5* 19 *31*, to *5/9* 19 *31*, and that I last saw her alive on *5/9* 19 *31*, and that death occurred, on the date stated above, at *6-30 P. m.*

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE *69* YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

108 *Lobar Pneumonia*
(duration) yrs. mos. *7* ds.

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

CONTRIBUTORY (SECONDARY) *108*
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ala*

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

10. NAME OF FATHER *Don't know*

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER *Don't know*

WHAT TEST CONFIRMED DIAGNOSIS? *E. Haynes* M. D.
(Signed).....

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

19 (Address) *214 Peoples Bldg*

14. INFORMANT *Elma Whitaker*
(Address) *2316 Pine*

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED *May 11 1931*
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Lexington, Miss. *5/15* 19 *31*

20. UNDERTAKER ADDRESS
Woods *2623 Rawlston*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state how amount to injury EXACTLY.

9628C

1