

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

Do not use this space.

24958

1. PLACE OF DEATH

County Jackson
Township Flaw
City N.C.

Registration District No. 339
Primary Registration District No. 10002

File No. _____
Registered No. 24015 (Ward)

2. FULL NAME

Evelyn Elizabeth Curtis

(a) Residence. No. 396-9 St John St. Ward. 10

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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 11 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer) Washburn-Crosby
(c) Name of employer milling Co

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER S. J. Curtis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Jessie Gillespie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

14. INFORMANT S. J. Curtis (Address) 396-9 St John

15. July 6, 1931 M. M. Groome REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

3 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 4, 1931

17. I HEREBY CERTIFY that I attended deceased from July 30th 1931 to July 4th 1931 that I last saw her alive on July 4th 1931, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Poisoning
1213
36

(duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Appendicitis
acute
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
1213
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 30th 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observation
(Signed) M. S. Thomas M. D.
7/5, 1931 (Address) 314 Chambers Bldg

*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 Mount Washington DATE OF BURIAL 7-7 1931

20. UNDERTAKER St. Blaise ADDRESS St. Blaise

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.

