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

Do not use this space.

333

File No. .....

Registered No. 15

Registration District No. 104

Primary Registration District No. 3008

1. PLACE OF DEATH
County Callaway
Township .....
City Fulton (No. ....., ... St. ..... Ward)

14 2 1

2. FULL NAME Lillian Webster Curd

(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.

FEB 28 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/18 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	8	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 92
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

FATHER
13. NAME Edwin Curd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

MOTHER
15. MAIDEN NAME Harriet Webster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mr. I. Curd St. Joe Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Cemetry DATE 1/21 32, 19

19. UNDERTAKER (ADDRESS) Herndon Taylor Fulton Mo.

20. FILED Jan 21, 1932 R. H. Crouch Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1931, to Jan 20, 1932
I last saw h. alive on Jan 19, 1932. Death is said to have occurred on the date stated above, at 2 a.m.,
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of the heart with myocardial degeneration	Several years
1B	

Other contributory causes of importance:
Terminal Pneumonia
9

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D. N. Greene, M. D.
(Address) Fulton Mo

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD