

MAR 3 1933

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

Do not use this space.

1. PLACE OF DEATH

108 County Registration District No. 875
Township Primary Registration District No. 6162
City (No. St. Ward)

File No. 8291
Registered No. 49

2. FULL NAME

Curtis Killers
(a) Residence, No. State Hospital # 3 St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. 10 mos. 3 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) single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. invalid
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) 11. Total time (years) spent in this occupation

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

13. NAME Fred C. Killers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Mo.

15. MAIDEN NAME Lena Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamestown Mo.

17. INFORMANT (ADDRESS) Fred C. Killers & family, 404 W. Spring St. Booneville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Booneville Mo. DATE Feb 6 1933

19. UNDERTAKER (ADDRESS) Allen V. Hays Nevada Mo.

20. FILED 2-17 1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1926, to Feb 4, 1933. I last saw him alive on Feb 4, 1933. Death is said to have occurred on the date stated above, at 7:25 P.M.

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

85 epilepsy
85
Date of onset 12.7.26
Age 7

Other contributory causes of importance: Epileptic attacks 3 days

Name of operation Date of
What test confirmed diagnosis? Clin. 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) J. J. O'Dell, M. D.
(Address) Nevada, 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.

MAINTAINED RESERVED FOR BINDING

V. S. NO. 2

