

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

Do not use this space.

20531

1. PLACE OF DEATH
 County Newton Registration District No. 4-11
 Township Neosho Primary Registration District No. 2-002
 City Neosho (No. 156) St. _____ Ward _____

2. FULL NAME Charles C. Curtice
 (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.

File No. _____
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Inga Curtice
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 1861
 7. AGE YEARS 72 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postmaster
 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) Wautoma Wisconsin
 13. NAME Henry J. Curtice
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
 15. MAIDEN NAME Luize Capron
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont
 17. INFORMANT (ADDRESS) Mrs. C. C. Curtice Neosho Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ed. James DATE June 16, 1933
 19. UNDERTAKER (ADDRESS) Ed. James Neosho Mo.
 20. FILED 7-7 33 Ed. James Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1933
 22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to June 24, 1933
 I last saw him alive on June 24, 1933 Death is said to have occurred on the date stated above, at 8:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Uremia. Date of onset _____
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 Other contributory causes of importance:
Chronic Nephritis -
Chronic Prostatitis.
 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. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Ameyell Lucy, M. D.
 (Address) Neosho 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.

JUL 28 1933

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