

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

Do not use this space.

27034

1. PLACE OF DEATH

64
2
2
County Mercer Registration District No. 556
Township Morgan Primary Registration District No. 4328
City Princeton (No. St. Ward)

File No.
Registered No. 28

2. FULL NAME

Rena Curtis

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 3 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Missouri

FATHER 13. NAME James Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Nickman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Walter Runyon
(ADDRESS) Princeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crow DATE Aug 23, 1933

19. UNDERTAKER Noel. Mass
(ADDRESS) Princeton, Mo.

20. FILED Aug 22, 1933 J.M. Purdy Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1933, to Aug 20, 1933

I last saw her alive on Aug 20, 1933 Death is said to have occurred on the date stated above, at 9 p. m.

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

Date of onset 54 59

Other contributory causes of importance Casualty

Name of operation X Date of no

What test confirmed diagnosis? none 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) W. J. Stey, M. D.

(Address) Princeton, Mo.

8/22-33

Exact statement of OCCURRENCE of DEATH is very important. Every item of information should be carefully reported. CAUSE OF DEATH in plain terms, so that it may be properly classified. SEP 26 1933 235

