

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

Do not use this space.

33435

1. PLACE OF DEATH

County Jefferson Registration District No. 411
 Township Madison Primary Registration District No. 2002
 City Jefferson (No.) St. Ward)

2. FULL NAME

(a) Residence, No. 408 N. Green 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. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 63</u>		<u>-</u>	<u>-</u>	

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

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)) Andersonville Tenn.

13. NAME Robert Curwin

14. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY)) Madison Co., Tenn.

15. MAIDEN NAME Allie Walker

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

17. INFORMANT Mrs. Etches Clear
(ADDRESS) 408 N. Green

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson DATE 10-16-33

19. UNDERTAKER Jefferson
(ADDRESS) Jefferson

20. FILED Oct 16, 1933 Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933, to Oct 14, 1933

I last saw him alive on about 8 a.m., 19... Death is said to have occurred on the date stated above, at 8 a.m.

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

Heart attack
Replacement of Chamber
absolutely
 Other contributory causes of importance:
headache while working
smoker

Name of operation Date of

What test confirmed diagnosis? 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

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?

If so, specify. (Signed) W. J. Hagan, M. D.

(Address) Jefferson

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.

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