

MAY 25 1934

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

Do not use this space.

13719

## 1. PLACE OF DEATH

County Nodaway Registration District No. 630  
Township Moore Primary Registration District No. 4380  
City Skidmore (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Fields C. Curmutt

(a) Residence, No. Skidmore 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. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Oliver Williams Curmutt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7 5 10 14</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>10</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>	
	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) <u>14 years</u>	11. Total time (years) spent in this occupation <u>40 years</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Near Quitman</u> (STATE OR COUNTRY) <u>Nodaway Co. Mo</u>		
MOTHER FATHER	13. NAME <u>William Curmutt</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>near Andersonville</u> (STATE OR COUNTRY) <u>Anderson Co Tennessee</u>	
	15. MAIDEN NAME <u>Mary Reynolds Curmutt</u>	
16. BIRTHPLACE (CITY OR TOWN) <u>near Andersonville</u> (STATE OR COUNTRY) <u>Anderson Co Tennessee</u>		
17. INFORMANT <u>C. A. Curmutt</u> (ADDRESS) <u>Warrrensburg Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graham Mo</u> DATE <u>April 9</u> , 19 <u>34</u>		
19. UNDERTAKER <u>H E Relyea &amp; Sons</u> (ADDRESS) <u>Warrrensburg Mo</u>		
20. FILED <u>April 25</u> , 19 <u>34</u> <u>J. C. Manning</u> Registry		

## 4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to April 7, 1934

I last saw him alive on April 7, 1934. Death is said to have occurred on the date stated above, at 10 P m.

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

Cancer of Stomach  
mitral Regurgitation  
Chronic Nephritis

Date of onset:

Other contributory causes of importance:

NephritisName of operation none 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.

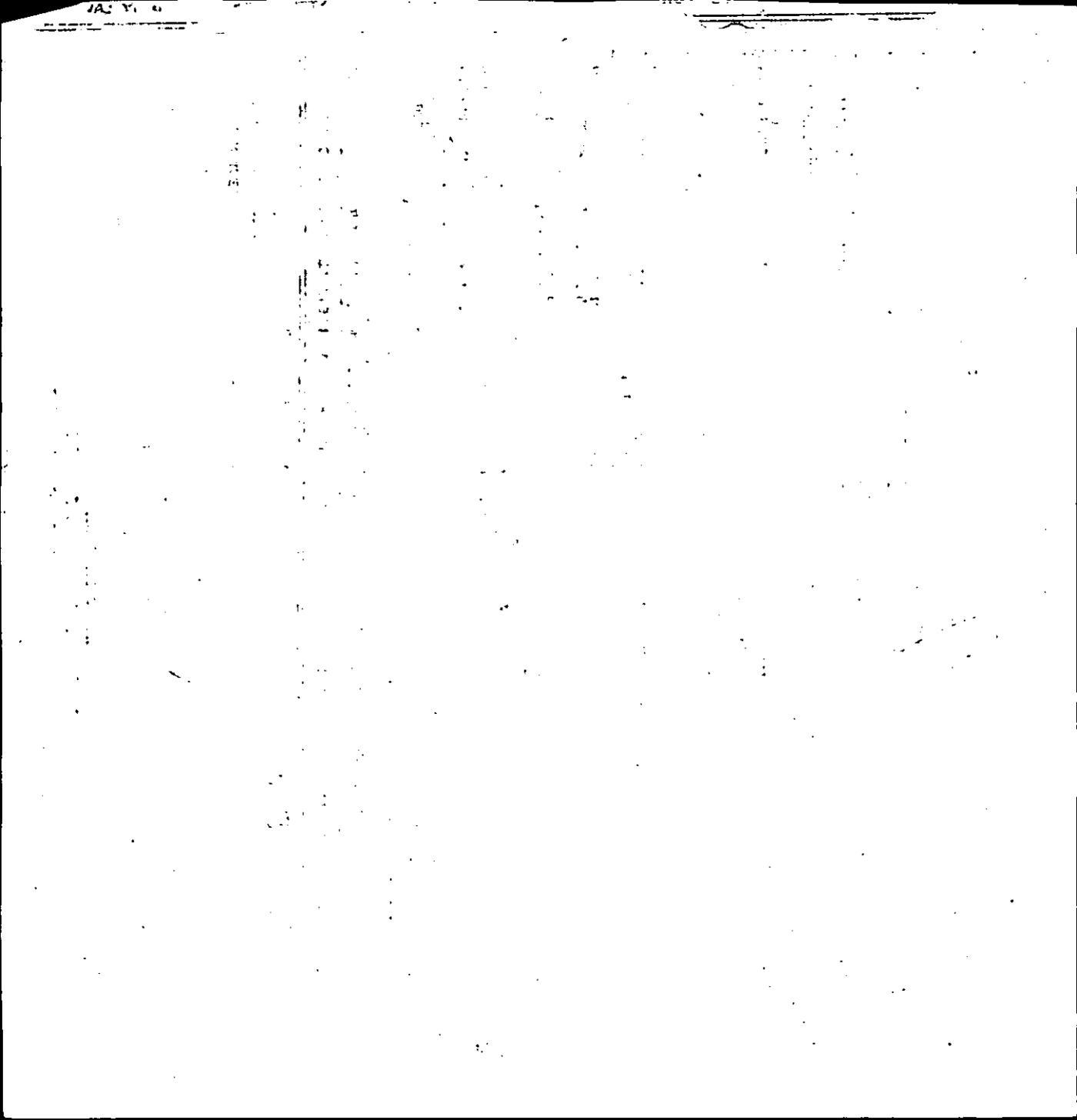
Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) J. C. Manning, M. D.(Address) Skidmore Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Madison  
Township Skedmark  
City Skedmark (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 630  
Primary Registration District No. 4380

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Fields @ Currutt

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED \_\_\_\_\_ 19 (Dr J C Manning) Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_\_ Death is said

to have occurred on the date named above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

CERTIFICATE OF DEATH MUST BE COMPLETED AS PRESCRIBED BY LAW.

S-13719