

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.

DEC 17 1934

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

Do not use this space.

39796

1. PLACE OF DEATH

County Osage
Township General
City St. P. C. Hospital (No. _____)

Registration District No. 413
Primary Registration District No. 5559e

File No. _____
Registered No. 47 St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Hannibal
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. 73 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>Mabel Kurth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 16 - 1888</u>		
7. AGE	YEARS	MONTHS
	<u>46</u>	<u>3</u>
		DAYS
		<u>0</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>Cigar Store</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) _____
	11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME George Kurth

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

MOTHER 15. MAIDEN NAME Mary Reed

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Edina DATE Nov 18 1934

19. UNDERTAKER (ADDRESS) Carter Funeral Home
Webb City

20. FILED 11-27-34 Harry A. Weaver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from June 23 1934 to Nov 16 1934
I last saw him alive on Nov 15 1934 Death is said to have occurred on the date stated above, at 7:45 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary & Laryngeal TB Tuberculosis
82P
Other contributory causes of importance: 12
Neuroptysis

Name of operation None Date of _____
What test confirmed diagnosis? Poo spu 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) Jose E. Douglas, M. D.
(Address) Webb City

