

FEB 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 574 File No. 2063
Township Masson Primary Registration District No. 3039 Registered No. 13
City Fannibal (No. 422, North Seventh St. _____ Ward _____)

2. FULL NAME

Celeste Curd
(a) Residence, No. 422 North Seventh 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 W. B. Curd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 8 3

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

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) Chillicothe Missouri

13. NAME John Harriman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data New Jersey

15. MAIDEN NAME Harriet Rowland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Missouri

17. INFORMANT Ms. P. H. Knighton
(ADDRESS) 415 Bud Fannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Oliver DATE Jan 13, 1935

19. UNDERTAKER Wm. M. Smith
(ADDRESS) Fannibal Missouri

20. FILED Jan 14, 1935 P. W. Boster
City Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1935

22. I HEREBY CERTIFY, that I attended deceased from Jan 7, 1935, to Jan 10, 1935.
I last saw him alive on Jan 10, 1935. Death is said to have occurred on the date stated above, at 4:05 a.m.

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

Bronchial Pneumonia 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) A. Rosette M. D.

(Address) Fannibal Mo

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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