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.

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

SEP 18 1935

Do not use this space.

7971-3

1. PLACE OF DEATH

County: Atchison — Registration District No.: 20

Township: Tarkio — Primary Registration District No.: 3027

City: Tarkio, No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Agnes M Rabenaltus Currie

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) Tarkio Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert P. Currie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31-1900

7. AGE: Years 34 | Months 7 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Tarkio Mo

FATHER

13. NAME: Edwin Rabenaltus

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

MOTHER

15. MAIDEN NAME: Lillie Harwell

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

17. INFORMANT (ADDRESS): Robert P. Currie Tarkio, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Home Cemetery DATE: Mar 17 1935

19. UNDERTAKER (ADDRESS): J. M. Davis Tarkio, Mo

20. FILED: March 10 1935 C. W. Vaughn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3 1935, to March 10 1935

I last saw her alive on March 10, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

	Date of onset
Labor Pneumonia	May 3

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? No

If so, specify .....

(Signed) C. W. Vaughn, M. D.

(Address) Tarkio Mo.