

JUN 20 1935

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

Do not use this space.

12436

1. PLACE OF DEATH

County Greene Registration District No. 288
Township 1st Primary Registration District No. 5406
City Kennett Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1875
7. AGE YEARS 59 MONTHS 11 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14, 1935
22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1935, to 4-14, 1935
I last saw him alive on 4-12, 1935. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

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. Lobarr
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Mitral regurgitation
General Atherosclerosis
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
13. NAME Geo Curtis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Frances Townsend
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) Mrs. G. T. Curtis
Kennett Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory DATE 4-15, 1935

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 _____

19. UNDERTAKER (ADDRESS) Whitehead Co.
Kennett Mo.
20. FILED May 22, 1935 Thuley Davis Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Thuley Davis, M. D.
(Address) Kennett 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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