

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.

AUG 12 1935

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

Do not use this space.

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township St. Joseph Mo Primary Registration District No. 1001  
City 506 South 19th (No. 506 South 19th) St.                      Ward                     

File No. 22240  
Registered No. 798

2. FULL NAME Satire Curtis  
(a) Residence, No. 506 South 19th 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 11 12

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) unknown  
(STATE OR COUNTRY) Virginia

13. NAME Unknown ---Davenport

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

15. MAIDEN NAME Lucilla Henderson

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

17. INFORMANT Rev. W. B. Curtis  
(ADDRESS) 506 South 19th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem DATE 7-29-35

19. UNDERTAKER B. F. Graves Funeral Home  
(ADDRESS) 806 South 17th St

20. FILED 7-28 19 35 John R. Bender  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935, to July 25, 1935  
I last saw her alive on July 25, 1935 Death is said to have occurred on the date stated above, at 8:20 P.M.

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

Carcinoma of Uterus  
48

Other contributory causes of importance:  
Uterina

Name of operation                      Date of                     

What test confirmed diagnosis?                      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?                     

If so, specify                     

(Signed) J. D. Sexton, M. D.  
(Address) 411 N. 12 St. Joseph, Mo.

Date of onset                       
7-22-35

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