

NOV 13 1935

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

Do not use this space.

33363

1. PLACE OF DEATH

County Merced
Township Madison
City (No.) Ward

Registration District No. 554
Primary Registration District No. 5748

File No.
Registered No. 31

2. FULL NAME

(a) Residence, No. Alex Curtis St. Ward.
(Usual place of abode) Mill Grove Mo

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Calvin Curtis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11, 1850</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>4</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Merced County</u> (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	13. NAME <u>Wiley Cook</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Lucinda Harper</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Perry Curtis</u> (ADDRESS) <u>Mill Grove Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Payne Cemetery</u> DATE <u>Oct 24, 1935</u> <u>Merced Co. Mo</u>		
19. UNDERTAKER <u>Chas. Schober</u> (ADDRESS) <u>Madison, Mo</u>		
20. FILED <u>26</u> , 19 <u>35</u> <u>Mar Claud Thomas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to Oct 22, 1935
I last saw h. e alive on Oct 21, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
1. Cerebral probably of ascending colon
2. Cardio-vascular-pul digital with special reference to kidney involvement.
Other contributory causes of importance:
Senility

Name of operation no Date of no
What test confirmed diagnosis? Ray + lab 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 no
(Signed) J. St. Bristow, M. D.
(Address) Princeton, 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.

Billings, Montana
William J. Smith
mail to Mrs. Thomas
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