

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

Do not use this space.

15420

MAY 19 1936

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. SK Marys Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2140
St. _____ Ward _____

2. FULL NAME

Marcel Curtin
(a) Residence, No. 4221 W. Wash St., Ward _____
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 30 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
23 35 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Putman Co.
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) Kansas City Mo

13. NAME Hubert A Curtin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C Mo

15. MAIDEN NAME Tennessee Adair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C Mo

17. INFORMANT (ADDRESS) Hubert A Curtin 4221 W. Wash

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Apr 25, 1936

19. UNDERTAKER (ADDRESS) W. W. Newcomer 510 Kansas City Mo

20. FILED Apr 24 1936 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 23 - 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____
Deputy Coroner
I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:
Fracture of the skull Date of onset _____
Laceration of the medulla

Other contributory causes of importance: _____
W

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

23. If death was due to external cause (violence), fill in all the following: Accident, suicide, or homicide. Date of injury _____
Where did injury occur? 15th & Walnut St. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in public place, in house, or in public place.

Manner of injury Fell from third floor
Nature of injury at building

24. Was disease or injury in any way related to occupation of deceased? Yes
Also, specify _____
(Signed) [Signature], M. D.
(Address) [Address]

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.

