

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

Do not use this space.

DEC 18 1936

40414

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph, (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
 Registered No. 1390

2. FULL NAME Hannah Theresa Curtin

(a) Residence, No. 2137 South 10th. St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 0 mos. 4 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 Female 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2, 1919.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 00 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High School

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) St. Joseph
 (STATE OR COUNTRY) Missouri

13. NAME John Curtin

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

15. MAIDEN NAME Mary A. Riley

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ireland

17. INFORMANT John Riley Mo. _____
 (ADDRESS) 2137 South 10th. Str. St. Joseph,

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
 PLACE St. Joseph, Mo. DATE November 9, 1936

19. UNDERTAKER H. O. Sidenfaden
 (ADDRESS) 802 Union Str. St. Joseph, Mo.

20. FILED Nov 6 1936 H. J. Nestlebury
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 14, 1936, to Nov 6, 1936

I last saw her alive on Nov 6, 1936 Death is said to have occurred on the date stated above, at 10:05A.

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

Gen. peritonitis Oct 16

Other contributory causes of importance: Rup. gen. append. Oct 14

Name of operation append. Date of _____
 What test confirmed diagnosis? no Was there an autopsy? yes

23. If death was due to external cause (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) Frank H. Sidenfaden, M. D.
 (Address) 1002 Palmetto Bldg.

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.

