

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.

MAR 17 1937

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

Do not use this space.

5436

1. PLACE OF DEATH

County Cedar
Township Jefferson
City (No.)

Registration District No. 165-
Primary Registration District No. 523D

File No. Feb 24 1936
Registered No. 4
St. Ward

2. FULL NAME

James H Curl

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Curl
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) About 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co Mo

13. NAME George Curl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Rachel Fox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs Wm Kennon
(ADDRESS) Fair Play Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Lindley Prairie Feb 18 1937

19. UNDERTAKER (ADDRESS) Frank W Barker
20. FILED Feb 24 1937 Mrs J. H. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 7P m.
The principal cause of death and related causes of importance were as follows:

Died unattended very sudden Date of onset

Other contributory causes of importance: 200 B

None

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? N.P. 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. 4-
Manner of injury #
Nature of injury 3##

24. Was disease or injury in any way related to occupation of deceased? N.O
If so, specify Chas. H. Brown, M. D.
(Signed) Fair Play Mo
(Address)

