

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

Do not use this space.

17700

**MAY 31 1937**

1. PLACE OF DEATH  
 99 County Saline Registration District No. 797 File No. \_\_\_\_\_  
 Township Miami Primary Registration District No. 6040 Registered No. 118  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Howard Dillard Stephenson, Curdick  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Curdick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 19, 1885</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) (STATE OR COUNTRY) <u>Montgomery Co. Mo</u>		
FATHER	13. NAME <u>Robert G. Curdick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Fannie Stephenson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Fannie Harris, Saline, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miami</u> DATE <u>April 29, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Pres. G. G. G. Saline, Mo</u>		
20. FILED <u>4-29</u> 1937 <u>Mrs. Ruby Naylor</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937, to April 28, 1937  
 I last saw him alive on April 27, 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis Date of onset ?

Other contributory causes of importance:  
Cardiac asthma  
Chronic prostatitis 3/15/37  
1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. W. H. Marshall M. D.  
 (Address) Marshall, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

