

JUL 27 1937

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

Do not use this space.

23487

58

1. PLACE OF DEATH

County

blair
Liberty

Registration District No.

201
5280

File No.

Township

Primary Registration District No.

Registered No.

City

(No.

St.

Ward)

2. FULL NAME

William C. Custer
Curtner

(a) Residence, No.

Wellington

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

W

Married

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

Maggie Curtner

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

Aug 2 - 1861

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 day, hrs. or min.

75

10

7

OCCUPATION

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

Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

miner

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)

n. c.

MOTHER

13. NAME

Wm. Curtner

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

n. c.

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

Robert Curtner
(ADDRESS) 1733 Washington St. n. c. mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wellington, Mo. DATE 6-11 1937

19. UNDERTAKER

Hessel-Bader
(ADDRESS) Liberty Mo.

20. FILED

6/11 1937 E. T. Brant Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw him alive on 19... 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:

hypoxemia in the Wisconsin mine found in clay county Missouri

Other contributory causes of importance:

None

Name of operation... Date of... 1937

What test confirmed diagnosis... 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)

(Address)

Dunning
M. L. Young, M. D.
204 W. Main Liberty 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.

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Liberty
City (No. _____) _____

Registration District No. 201
Primary Registration District No. 3280

File No. 23487
Registered No. 58
St. _____ Ward _____

2. FULL NAME

William Curtner

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>10</u>	<u>7</u>	

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) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 8/31 19 75 J Bruns Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw _____ alive on _____, 19____. 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: By drowning in the Missouri River found in clay co. mo (Date of onset _____)

Other contributory causes of importance: no boat that is known just found him in river

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? _____ 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 _____
(Signed) W. L. Wray _____, M. D.
(Address) Liberty _____

SUPPLEMENTARY

GROUP - EX - printed in plain language for use by property classified. Exact statement of GROUP - EX - printed in plain language for use by property classified. Exact statement of GROUP - EX - printed in plain language for use by property classified.

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