

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

12:20 a.m.

Do not use this space.

2
1

File No. 2699
Registered No. 3
St. _____ Ward _____

1. PLACE OF DEATH
314 County Livingston Registration District No. 1071
Township Wells Primary Registration District No. 5398
City Livingston, Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME Stella Pearl Currier
(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>Female</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>Joe Currier</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16 - 1901</u>			
7. AGE YEARS <u>36</u>	MONTHS <u>11</u>	DAYS <u>6</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>housewife</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>Livingston Co. Mo.</u>			
FATHER	13. NAME <u>John Turner</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ava, Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Lillie May Shipley</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Livingston Co. Mo.</u>		
17. INFORMANT <u>Joe Currier</u> (ADDRESS) <u>Livingston, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Loftin Cemetery</u> DATE <u>Jan. 22, 1938</u>			
19. UNDERTAKER <u>Neighbors</u> (ADDRESS) <u>Livingston, Mo.</u>			
20. FILED <u>Feb. 5, 1938</u> <u>Joe Thompson</u> Registrar.			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1931, to Jan. 22, 1938
I last saw her alive on Nov. 1, 1937. Death is said to have occurred on the date stated above, at 12:20 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset Don't know

Other contributory causes of importance:

Name of operation closed Date of _____
What test confirmed diagnosis? Rt. 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) R. M. Norman M. D.
(Address) Ava 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.

Dr. R. M. Norman

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH