

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.

REC'D APR 5 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 5554

File No. 10979
Registered No. 92
St. _____ Ward _____

2. FULL NAME

Dorcas Eliza Curtiss 632
(a) Residence, No. Route 3 Box 444 Ward _____
(Usual place of abode) Independence, Mo. (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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 2 22

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

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) Michigan

13. NAME Warren Carpenter

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

15. MAIDEN NAME Tharue

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

17. INFORMANT Mrs. Eelen Moran

18. BURIAL, CREMATION, OR REMOVAL PLACE Provoers City, Mich. DATE Mar 27 1938

19. UNDERTAKER Cats & Operado.

(ADDRESS) Independence, Mo.

20. FILED 3-28-1938 J. L. Cook Registrar. 360

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1938, to 3/25, 1938

I last saw her alive on 3/24, 1938. Death is said to have occurred on the date stated above, at 2:00 p. m.

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

Congestive Heart Failure Date of onset ?
Hypertensive

Other contributory causes of importance: ASB

Name of operation _____ Date of _____

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 _____, 1938

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 Chas. Grabske M. D.

(Signed) Chas. Grabske (Address) Independence, Mo.

