

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.

Do not use this space.

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

REC'D JUL 22 1938

1. PLACE OF DEATH
County Mississippi Registration District No. 996
Township Marion Primary Registration District No. 5766
City Deventer (No. 1) St. Deventer (Ward) 2K

2. FULL NAME CURTISS LEO NELSON 475
(a) Residence, No. Mississippi, Co. St. Deventer Ward. 475
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 22 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 22453

Registered No. 2K

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1936
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 10 19

OCCUPATION
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) Deventer Mo

FATHER
13. NAME Robert Nelson

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

MOTHER
15. MAIDEN NAME Jewell Lindsay

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

17. INFORMANT (ADDRESS) Robert Nelson Deventer

18. BURIAL, CREMATION, OR REMOVAL PLACE Deventer DATE June 21, 1938

19. UNDERTAKER (ADDRESS) J. Davis N. Shelly Deventer

20. FILED June 21, 1938 Registrar Marion W. Hodges

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938
22. I HEREBY CERTIFY That I attended deceased from June 15, 1938, to June 20, 1938
I last saw him alive on June 15, 1938 Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Infectious
dysentery
Other contributory causes of importance: none

Date of onset June 15, 1938

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 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?
If so, specify C. C. Presnell M. D.
(Signed) Charles W. Hodges Registrar
(Address) Deventer, Mo.

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