

REC'D JUL 22 1938

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

22474
Do not use this space.

1. PLACE OF DEATH
 (a) County MONROE Registration District No. 582
 (b) Township JACKSON Primary Registration District No. 5779 Registered No. 25
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME WESLEY WOOD CURTRIGHT 636
 (a) Residence, No. MONROE Co., Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DOROTHY CURTRIGHT
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 14, 1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
27 9 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) JUNE 1938 11. Total time (years) spent in this occupation 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 29 1938
 22. I HEREBY CERTIFY, that I attended deceased from June 25 1938 to June 29 1938
 last saw him alive on June 29 1938 Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:
Strychnine
Septicemia
Tuberculous Septic
Exere Throat
 Date of onset 6/23/38
 Other contributory causes of importance: 1150
 Name of operation Date of
 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? 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) G. W. Payne, M. D.
 (Address) PASIS, MO
516

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., Mo.
 FATHER 13. NAME JAS. W. CURTRIGHT
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., Mo.
 MOTHER 15. MAIDEN NAME FLORENCE WOOD
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., Mo.
 17. INFORMANT JAS. W. CURTRIGHT
 (ADDRESS) PASIS, MO.
 18. BURIAL, CREMATION, OR REMOVAL PLACE HOLLIDAY, MO. DATE JULY 1 1938
 19. FUNERAL DIRECTOR SPEED & BLARKEY
 (ADDRESS) PASIS, MO.
 20. FILED JUNE 30, 1938 W. C. Payne
 Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

I, Edmond H. Agnew, Licensed Embalmer No. 4000

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edmond H. Agnew

Paris, Mo. L. E. No. 4000

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edmond H. Agnew

Licensed Embalmer No. 4000

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)