

REC'D OCT 15 1938

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

31260  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. St. Josephs' Hospital Registered No. 3557  
 (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.

2. PRINT FULL NAME Patrick Curtin

(a) Residence, No. 4241 Campbell St.  (Usual place of abode, if no street address, write county or city)  
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk - 1960

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employed by  
 9. Industry or business in which work was done, as law mill, bank, etc. K C Board of  
 10. Date deceased last worked at this occupation (month and year) Education 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

FATHER 13. NAME Edward Curtin 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Ellen Kennedy

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

17. INFORMANT (ADDRESS) Mrs. Ellen Curtin  
4241 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys' Cem DATE 9/12/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk & Tobin Co.  
20 West Linwood

20. FILED Sept 11, 1938 M. M. Grome  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1938 .19

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw Deputy Coroner Death is said to have occurred on the date stated above, at 6:10 P M

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

Injury by fall  
Fracture of the skull  
Cerebral hemorrhage  
Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Patient Date of injury 9-7-38

Where did injury occur? MO  
 Specify (city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Found at bottom of  
 Nature of injury stairs in unconcured state

24. Was disease or injury in any way related to occupation of deceased? 1  
 If so, specify \_\_\_\_\_  
 (Signed) Walter S. Smith M. D.  
 (Address) San Diego, A. C. No

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**