

NOV 15 1938

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

35229
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township 1 Primary Registration District No. 3007
(c) City Paplar Bluff (d) Street No. 197
(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 Charles David Curry

(a) Residence, No. 2nd St. Paplar Bluff Mo. (Usual place of abode, if no street address, write country 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1938

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paplar Bluff Mo

13. NAME Chas F. Curry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denver Colo

15. MAIDEN NAME Mary M. Gibbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paplar Bluff Mo

17. INFORMANT (ADDRESS) Chas F. Curry Paplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Oct 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N.T. Phelps Paplar Bluff Mo

20. FILED 10/14/38 Chattenger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 13 1938 to Oct 13 1938

I last saw him alive on Sept 13 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Skull fracture

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? If so, specify _____

(Signed) Alfred R. Row, M. D.

89 (Address) Paplar Bluff 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.

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.