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.

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

CSD AUG 16 1939

26159
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston 2 Registration District No. 508
(b) Township 1 Primary Registration District No. 3026 Registered No. 96
(c) or City Chillicothe (d) Street No. 24 Herriford St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

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2. PRINT FULL NAME Vernie Marie (Bevelle) Curtis
(a) Residence, No. 24 Herriford 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: Female
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 John Curtis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9, 1906

7. AGE: Years 33 | Months 6 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Chillicothe Missouri

FATHER
13. NAME Walter Bevelle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County Missouri

MOTHER
15. MAIDEN NAME Vena Mae Elliottis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County Missouri

17. INFORMANT John Curtis
(ADDRESS) 24 Herriford-Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood DATE 7-21, 1939

19. FUNERAL DIRECTOR (NAME) Frank B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED 7-21, 1939. H. Morse, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1927, to July 20, 1939
I last saw her alive on July 19, 1939. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1927

Other contributory causes of importance:

Pulmonary hemorrhage	7/20/39

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, 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) M. D. Turnell M.D., M. D.
(Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 8 39-994
Date Filed AUG 9 1939

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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missou

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

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