DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8003

Registration District No. 1-27 (1940)

Primary Registration District No. 6018A

Registrar's No. 29

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: Near Farmington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 12 yrs. 0 mos. 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francois

(c) City or town: Elvins
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Walter S. Curlee

3. (b) If veteran, name war: ____

3. (c) Social Security No. ____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mary Frances Riley

6. (c) Age of husband or wife if alive: Dead years

7. Birth date of deceased: May (Month) 1st. (Day) 1861 (Year)

8. AGE: Years 78 Months 7 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: Near Greenville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Public works and farming

11. Industry or business: ____

FATHER
12. Name: John Curlee
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Washburn
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Records of State Hospt. #4
(b) Address: Farmington, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Doe Run Mo

18. (a) Signature of funeral director: W. A. Caldwell
(b) Address: Flat River, Mo.

19. (a) Feb 5 1940 (Date received local registrar) (b) B. S. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 4 year 1940 hour 5:15 p.m. minute ____ M.

21. I hereby certify that I attended the deceased from 1-15, 1940 to Feb. 4, 1940 that I last saw him alive on Feb. 4, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy (associated with Bulbar paralysis) — Duration: 1 Day

Due to: Cerebral pouch aneurysm (Dyspnoea (paralysis))

Due to: Hypertensive heart disease

Other conditions: General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence: no
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify one)
While at work? ____ (e) Means of injury ____

23. Signature: G. Tivis Graves, Jr. (M. D. or other) M.D.
Address: Farmington, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

V. S. No. 2.
50M-5-17-39
Rev. 5-17-39
1 X19511

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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 W.A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River Mo

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.