

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

Do not use this space.

39412

1. PLACE OF DEATH

County Jarvis Registration District No. 349
 Township Peers Creek Primary Registration District No. 5579
 City Clinton No. _____ St. _____ Ward _____

File No. _____
 Registered No. 1

2. FULL NAME

J. Albert Curle
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, DIVORCED HUSBAND OF (OR) WIFE OF <u>Lorence Hicks Carle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-1-1854</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>1</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, 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) <u>Blountsburg Ohio</u>		
13. NAME <u>Moses Carle</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
15. MAIDEN NAME <u>Elizabeth Peeler</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
17. INFORMANT (ADDRESS) <u>Lorence Hicks Carle</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hudsony</u> DATE <u>1-1-1933</u>		
19. UNDERTAKER (ADDRESS) <u>Swiss Funeral Home Clinton Mo</u>		
20. FILED <u>1-1</u> 19 <u>33</u> <u>Mrs. A. A. Gay</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/24 1932 to 12/30 1932
 I last saw him alive on 29 of Dec 1932—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:
Bronchitis
1060
1060
 Other contributory causes of importance _____
 Date of onset _____

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 Ed C. Peeler M. D.
 (Signed) _____
 (Address) Clinton 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.

