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

Do not use this space.

10319

APR 24 1929

1. PLACE OF DEATH
County: Lawrence
Township: A. I.
City: Springfield (No. 1 John Hospital Ward)

Registration District No. 318
Primary Registration District No. 2001

File No.
Registered No. 2257

2. FULL NAME: Lola M. Curbow

(a) Residence. No. Englewood Apt. 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: F
4. COLOR OR RACE: W.
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): Dec 22 - 1905

7. AGE: Years 23 | Months 3 | Days 29 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: nurse
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: James M Curbow
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Anna Sellers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: James M. Curbow
(Address): Mrs Jas R Curbow

15. FILED 3-23, 1929. Lon Sharp
Lon Sharp, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/21/29 19

17. I HEREBY CERTIFY, That I attended deceased from 3/16/29, 19, to 3/21/29, 19, that I last saw h. alive on 3/21/29, 19, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis lethargica

17 (duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) T H Romeiser, M. D.
3-23, 1929 (Address) Woodruff Bldg Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Delaware
DATE OF BURIAL: 3/23 1929

20. UNDERTAKER: F. H. Lohmeyer
ADDRESS: Springfield

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

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