

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

Do not use this space.

34228

1. PLACE OF DEATH

County Grundy
Township Jefferson
City Warrensburg, Mo (No.)

Registration District No. 331
Primary Registration District No. 5461

File No.
Registered No.
St. Ward)

2. FULL NAME

Delilah Curtis

(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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Curtis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8, 1867</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unemployed</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Grundy Co.

13. NAME
Milton P. House

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

15. MAIDEN NAME
Martha Daskary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kentucky

17. INFORMANT (ADDRESS)
John W. Paltridge
Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelburne DATE Oct 20 1937

19. UNDERTAKER (ADDRESS)
Lipscomb Fun Co
Warrensburg, Mo

20. FILED Oct 31 1937 J. E. Hobbs Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1930 to Oct 18 1937

I last saw her alive on Oct 18 1937. Death is said

to have occurred on the date stated above, at 6 A m.

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

Cancer bladder

Date of onset

Other contributory causes of importance:

Exhaustion

Name of operation none 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?

If so, specify

(Signed) J. P. Small , M. D.

(Address) Warrensburg Mo

NOV 24 1937

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Grundy
Township Jefferson
City (No.)

Registration District No. 331
Primary Registration District No. 3461

File No.
Registered No.
St. Ward)

2. FULL NAME Delilah Curtis

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from, to, 19....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 - 1861

I last saw h..... alive on, 19.... Death is said to have occurred on the date stated above, at

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 4 10

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

MOTHER 13. NAME

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

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19....

MOTHER 15. MAIDEN NAME

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Manner of injury
Nature of injury

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

(Signed), M. D.
(Address)

20. FILED Oct 31, 1931 J. E. Hobbs Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW. STATEMENTS OF OCCUPATION ARE COMPLETE AS PRESCRIBED BY LAW. STATEMENTS OF OCCUPATION ARE COMPLETE AS PRESCRIBED BY LAW.

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