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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson — Registration District No. — File No. 967

10 Township Kaw — Primary Registration District No. — Registered No. 5

9 City Kansas City (No. K.C. General Hosp. St. Ward)

2. FULL NAME David Curtis

(a) Residence, No. 1720 Prospect St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mary Curtis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 3-1848

7. AGE: YEARS 83 — MONTHS 11 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Indiana 2

FATHER

13. NAME: Dint Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Dint Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dint Know Indiana

17. INFORMANT (ADDRESS): Record Clerk K.C. Gen Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Hill DATE: 1/4/ 1932

19. UNDERTAKER (ADDRESS): O.V. Mast Funeral Home 3146 Main St

20. FILED: Jan. 2, 1932 M. M. Crowe Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-1-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1931, to 1-1, 1932

I last saw her alive on 1-1, 1932 Death is said to have occurred on the date stated above, at 9:15 a m.

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

Cerebral Embolism — Date of onset

82B 82B

Other contributory causes of importance:

Name of operation: none 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: 1

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P E Willcutt, M. D.

(Address) Supt K.C. Gen Hosp KC Mo

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