

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

Do not use this space.

9138

1. PLACE OF BIRTH

59 County Lawton Registration District No. 508
 1 Township Primary Registration District No. 3026
 7 City Bellicotha (No.) St. Ward)

2. FULL NAME Rose Currier

(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 Female 4. COLOR OR RACE White 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) Nov-7-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 4 1

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

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) Illinois 2

13. NAME Edwison Currier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Sarah Mc Guinn

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

17. INFORMANT Geo King (ADDRESS) Bellicotha, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Home DATE Mar-9-1932

19. UNDERTAKER Jas D Gordon (ADDRESS) Bellicotha Mo

20. FILED 3/9 1932 R. Barney Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-8-1932

22. I HEREBY CERTIFY That I attended deceased from March 6 1932 to March 8 1932

I last saw her alive on March 7 1932 Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Heart decompensation
Chronic Hypertension
 Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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 (Signed) R. J. Brennan, M. D.

(Address) Bellicotha, Mo
3/8/32

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.

APR 27 1932

