

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 25 1934

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

Do not use this space.

10069

PLACE OF DEATH

County Putnam
Township York
City (No.)

Registration District No. 724
Primary Registration District No. 5935

File No. 10069
Registered No. St. Ward

2. FULL NAME

George M. Curress

(a) Residence, No. St. Ward. (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 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 Dizzy Curress
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14-1889
7. AGE YEARS 44 MONTHS 9 DAYS 15 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Aug 1933
11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County Missouri
13. NAME James W. Curress
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.
15. MAIDEN NAME Sarah Shepherd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Missouri
17. INFORMANT John W. Curress (ADDRESS) Painesville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Medfield Cem. DATE Mar.-31-34
19. UNDERTAKER (ADDRESS) Denny Stutter (ADDRESS) Painesville Mo.
20. FILED Mar 31 1934 Mrs. D. W. Pollock Registrar

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1934
22. I HEREBY CERTIFY, That I attended deceased from January 20, 1934, to March 29, 1934
I last saw him alive on March 29, 1934. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach intestinal tract and nasal passages terminating in emphysema, pneumonia and heart failure.
Other contributory causes of importance: 46 (B) 46 (C) 46 (C)
Name of operation 46 Date of 46
What test confirmed diagnosis 46 Was there an autopsy? 46
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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) L. W. M. (Address) Painesville Mo.

Date of onset 8/15/33
46 (B)
46 (C)
46 (C)

