

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

Do not use this space.

1. PLACE OF DEATH

County Christian
Township Jay
City (No. _____) _____

Registration District No. 183
Primary Registration District No. 5253

File No. 19826
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rose Lee Curbow St. _____ Ward _____
(Usual place of abode) Nixa Mo., R. 1

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1 4 10</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>✓</u>

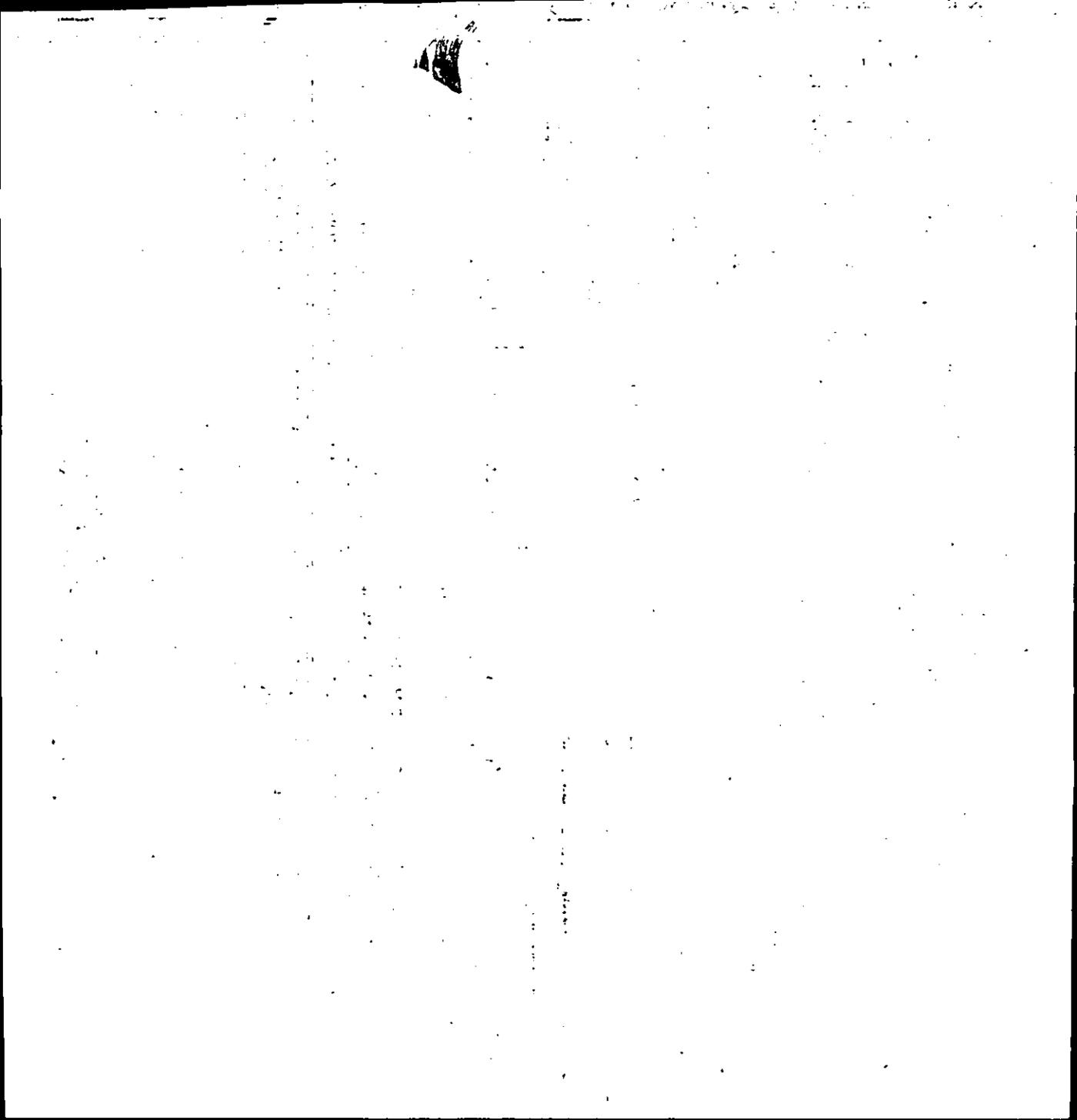
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Christian Co, Mo</u>
	13. NAME <u>Raymond Curbow</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Christian Co Mo</u>
	15. MAIDEN NAME <u>Ostie V. Williams</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jay, Mo</u>
	17. INFORMANT (ADDRESS) <u>F. R. Curbow</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Delaware Ave</u> DATE <u>June 16, 1934</u>	
19. UNDERTAKER (ADDRESS) <u>F. B. Chaffee</u>	
20. FILED <u>July 9, 1934</u> <u>Ida B. Hawkins</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1934
I HEREBY CERTIFY that I attended deceased from June 10, 1934 to June 13, 1934
I last saw him alive on June 13, 1934 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Dysentery
130
Date of onset June 9, 1934
Other contributory causes of importance M

Name of operation Spec Date of _____
What test confirmed diagnosis Physical 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? No
If so, specify _____
(Signed) H. B. Hussey, M. D.
(Address) Nixa, Mo



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Christian
Township.....
City..... (No.)

Registration District No. 183
Primary Registration District No. 5253

File No.
Registered No. 21
St. Ward)

2. FULL NAME

Royce Lee Cinn Law

(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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1933

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

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED July 9, 1934 W. B. Hawkins Registrar

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Date of onset

Other contributory causes of importance:

Name of operation..... 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..... Nature of injury.....

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

(Signed)....., M. D. (Address).....

SUPPLEMENTARY

... SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED

5-19826