Dr. Copy

OCT 11 1934

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

Do not use this space.

33801

File No.

Registered No.

1. PLACE OF DEATH

County: Pulls

Township: Liverton

Registration District No. 726

Primary Registration District No. 5-9 3-8

City (No. , St. Ward)

2. FULL NAME Zorons Curtis

(a) Residence, No. Highway #61 - R.F.D. #4 Ward. New London Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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: Ellen Adair Curtis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10-1905

7. AGE: Years 29 | Months 3 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Van. Car Wheel Foundry

10. Date deceased last worked at this occupation (month and year): About Sept. 1-1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ashburn Mo

FATHER

13. NAME: Rosa L. Curtis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co. Mo.

MOTHER

15. MAIDEN NAME: Edna Mc George

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Mo.

17. INFORMANT (ADDRESS): R. L. Curtis R.F.D. #4 New London Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Olivet Cemetery DATE: Sept. 4-1934

19. UNDERTAKER (ADDRESS): Roy L. Schwartz Hannibal Mo.

20. FILED: Sept 5 1934 Blanche Mizner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 2-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to Sept 2, 1934

I last saw h alive on Aug 20, 1934. Death is said to have occurred on the date stated above, at 9:35 a.m.

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

	Date of onset
Pulmonary Tuberculosis	
A	

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? No

If so, specify

(Signed) E E Salyer, M. D.

(Address) Hannibal Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33

APR 15 1954
APR 19 1954
OCT 28 1959