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.

FEB 20 1936

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

Carlisle
Do not use this space.

2441

File No. 16
Registered No. 668

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Primary Registration District No. 3032
City Sedalia (No. 401, W. 4th St. Ward)

2. FULL NAME Charles P. Curtis
(a) Residence, No. 401 W. 4th 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna S.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 1854
7. AGE YEARS 71 MONTHS 10 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Retired Engineer
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

FATHER
13. NAME William Curtis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

MOTHER
15. MAIDEN NAME Sarah Medole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. C. P. Curtis
(ADDRESS) Sedalia, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem. Park DATE Jan. 14, 1936
19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.
20. FILED 1-13-1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935 to Jan 12, 1936
I last saw h. alive on Jan 12, 1936 Death is said to have occurred on the date stated above, at 3.55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1-12-36

Other contributory causes of importance:

Chr Myocarditis	One year
Auricular Fibrillation	

Name of operation None Date of
What test confirmed diagnosis? Fundus 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 none
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jno B. Carlisle, M. D.
(Address) Sedalia Mo
1-13-36