

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

Do not use this space.

JUN 17 1937

19565

1. PLACE OF DEATH
 12 County Butler Registration District No. 88 File No. _____
 Township Apple Primary Registration District No. 4054 Registered No. 29
 City Neelyville (No. _____) St. _____ Ward _____

2. FULL NAME Julia Laws Curtis
 (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1871

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>2</u>	<u>7</u>	

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

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) Poplar Bluff Mo.

13. NAME Lige Pruett

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

15. MAIDEN NAME Unknown

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

17. INFORMANT S. S. Curtis
 (ADDRESS) Neelyville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner DATE _____ 19. _____

19. UNDERTAKER J. C. Fox
 (ADDRESS) Neelyville, Mo.

20. FILED May 24 1937 B. S. Sumner
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19 1937 to May 27 1937
 I last saw him alive on May 19 1937. Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:

<u>Apoplexy</u>	Date of onset _____
<u>Arteriosclerosis</u>	_____
<u>Hypertension</u>	_____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

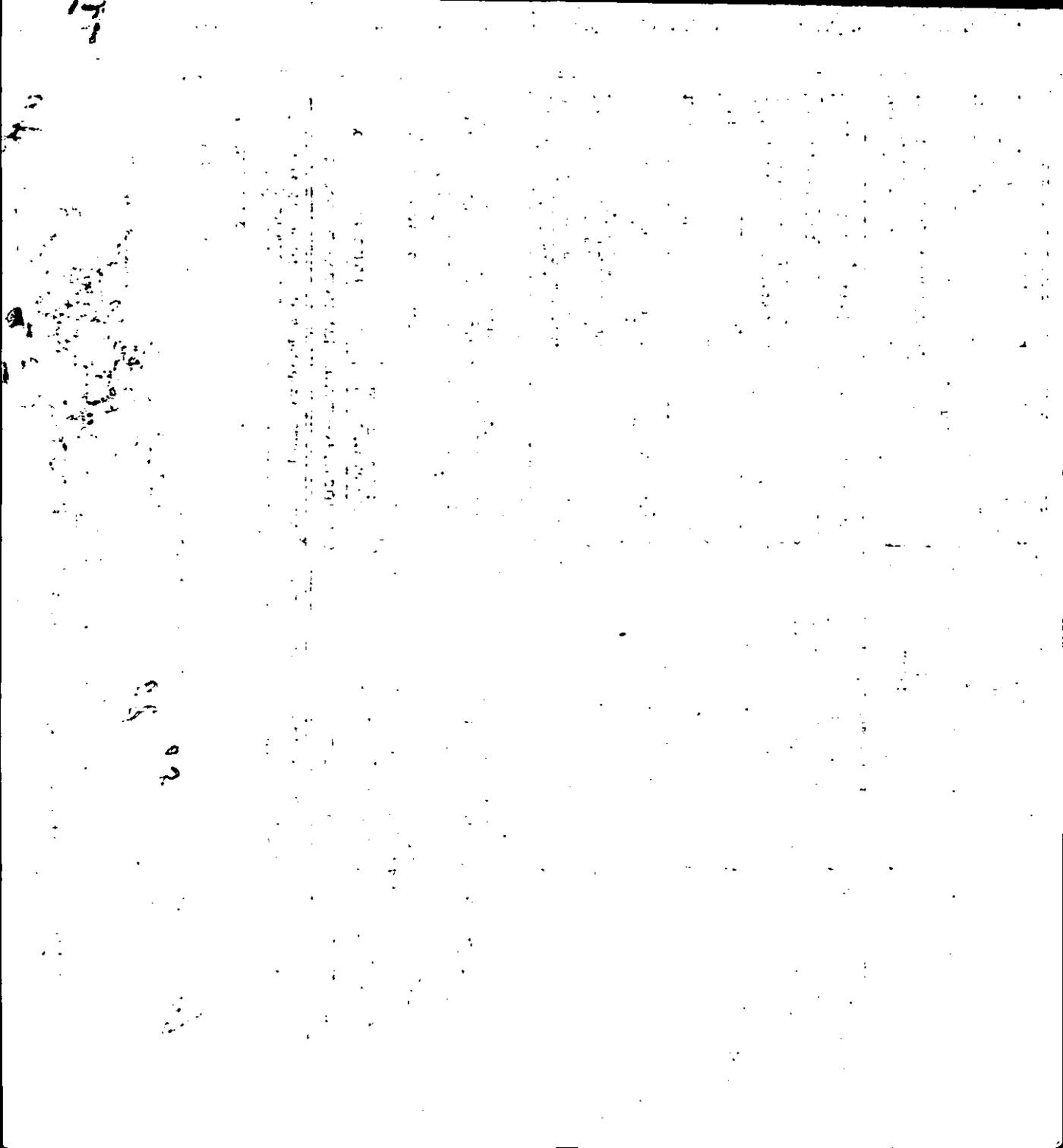
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. C. Fox, M. D.
 (Address) Poplar Bluff, 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.



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