

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

Do not use this space.

REC'D JUL 11 1938

22005

1. PLACE OF DEATH
County Texaco County Registration District No. 385 File No. 22005
Township Sargent Primary Registration District No. 4228 Registered No. _____
City Willow Springs, (No. _____) St. _____ Ward _____

2. FULL NAME Cordelia Curtis 630
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 28 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. L. Curtis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 11 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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, year) 12 1937 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Falls, Ill.
13. NAME Mr Batchler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Lee Curtis Willow Springs Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Springs, Mo. 6-1938
19. UNDERTAKER (ADDRESS) Burns & Son Willow Springs, Mo.
20. FILED 17-8 19 _____ Registrar. 345

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-1938
22. I HEREBY CERTIFY, That I attended deceased from 3-15-1938, to 6-7-1938.
I last saw her alive on 6-7-1938. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Heart Disease Date of onset 1937
94%
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) [Signature] M. D.
Willow Springs, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Howell Registration District No. 385
(b) Township Willow Springs Primary Registration District No. 4228 Registered No. _____
(c) City Willow Springs (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Cordelia Curtis
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 7 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 3 - 10 - 1938 to 6 - 7 - 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1859

I last saw her alive on 6 - 7 - 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 11 12

Coronary Heart Disease Date of onset _____

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1 - 2 - 1937 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Falls Ill.

FATHER 13. NAME Mr. Batchler

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Lee Curtis Willow Springs

18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Springs DATE 6-9-1939

19. FUNERAL DIRECTOR (ADDRESS) Burns & Son Willow Springs Mo.

20. FILED 8/23/1938 Navette Ferguson Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) P. J. Callahan, M. D.
(Address) Willow Springs

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CHECK OR PRINT IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

TEMPORARILY

