

Dr. Gillham

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

14680

Do not use this space.

DECD MAY 16 1939

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 111
 (c) City Jefferson (d) Street No. 112 North Boonville Road 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 Byron Herbert Curtis
 (a) Residence, No. 112 North Boonville Road 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

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 Emily Curtis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-17-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 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)
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Thomas S. Curtis

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

MOTHER 15. MAIDEN NAME Mary

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

17. INFORMANT Thomas S. Curtis
 (ADDRESS) Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont, Minn DATE May 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos G Gordon
Jefferson City, Mo

20. FILED 539 1939 August 10
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1935, to 5-2, 1939.

I last saw him alive on 5-1, 1939. Death is said to have occurred on the date stated above, at 2 P. M.

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

Atherosclerosis of
Chronic Myocarditis

Date of onset
1935
1937

Other contributory causes of importance:

Chronic Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) D. Gillham, M. D.

(Address) Jefferson City, Mo.

FEB 13 1956

FEB 13 1956

FEB 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Shoep G. Gordon

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Shoep G. Gordon*

Licensed Embalmer No. *1786*

P.O. Address *Jefferson City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.