

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

Do not use this space.

33062

**1. PLACE OF DEATH**

74 County Nodaway Registration District No. 625  
Township Call Primary Registration District No. 5728  
City..... (No.....) St..... Ward.....

File No.....  
Registered No. 87

**2. FULL NAME**

Arma Curless  
(a) Residence, No. County Infirmary St..... Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 62 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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 7 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 2 7  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insane County Infirmary  
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 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway County, Mo

MOTHER FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Geo Brown Supr C Infirmary  
(ADDRESS) Marquette Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Marion DATE Oct 11 1932

19. UNDERTAKER Cummings Tom C  
(ADDRESS) Marquette

20. FILED Oct 12 1932 Mamie E. Cady  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1932 to Oct. 11 1932  
I last saw h. et. alive on Oct. 11 1932 Death is said to have occurred on the date stated above, at 7 a m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Pneumonia Bronchus

107A  
Other contributory causes of importance:  
107A  
107A  
107A

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 this was Day  
(Signed) Mamie E. Cady, M. D.  
(Address) Marquette

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.

NOV 25 1932

RECORDS

