APR 27 1927

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

Do not use this space.

8835

1. PLACE OF DEATH

County McDonald — Registration District No. 315

Township Prairie — Primary Registration District No. 5687

City S.W. ~~City~~ R.F.D#I (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Alvira Ellen McCurry

(a) Residence. No. Southwest City Missouri Route#I (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry M.McCurry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9th/1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	7	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Spirit Lake, Iowa (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm A.Weed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Hester Phoebe Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Harry M.McCurry (Address) Southwest City MoR#I

15. FILED 3/11, 1927 John J. Nichols REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw her alive on March 2, 19..., and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dead when arriv[illegible] at case. Probably Angina Pectoris

94A (duration) ..... yrs. ..... mos.

CONTRIBUTORY (SECONDARY) 89

(duration) ..... yrs. ..... mos.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. V. Poynor, M.D

3/26 1927 (Address) Southwest City, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Southwest City Mo	3/22/1927

20. UNDERTAKER	ADDRESS
Nichols Brothers S.W.CityMo	

MARGIN RE[illegible] AGE should be stated EXACTLY. PHYSICI[illegible] [illegible] WITH UNFADING INK[illegible] [illegible] statement of OCCUPATION. [illegible] of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state [illegible]EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.