B 23 1928

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

Do not use this space.

2067

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. City Hosp No-2 St. Ward)
Registration District No. 668
Primary Registration District No. 3032
File No.
Registered No. 25

2. FULL NAME William Curd
(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 M
4. COLOR OR RACE col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF x x x
6. DATE OF BIRTH (MONTH, DAY AND YEAR) dont know
7. AGE about 48 YEARS MONTHS dont know DAYS dont know If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) dont know
(c) Name of employer dont know
9. BIRTHPLACE (CITY OR TOWN) dont know
(STATE OR COUNTRY) dont know

PARENTS
10. NAME OF FATHER dont know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) dont know
(STATE OR COUNTRY) dont know
12. MAIDEN NAME OF MOTHER dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dont know
(STATE OR COUNTRY) dont know

14. INFORMANT F. D. Ferguson
(Address) Sedalia

15. FILED 1-25 1928 J. G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/23 1928

17. I HEREBY CERTIFY, That I attended deceased from 1/9, 1928, to 1/23, 1928, that I last saw him alive on 1/21, 1928, and that death occurred, on the date stated above, at 11:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dropsy
Chronic Interstitial Nephritis
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis, Chronic Interstitial
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? City Hospital
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. C. Dancy, M. D
, 19 (Address) Sedalia 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 Sedalia Mo
DATE OF BURIAL Jan 25 1928
20. UNDERTAKER F. D. Ferguson
ADDRESS Sedalia 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.

WRITE PLAINLY, WITH UNFADING