

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

Do not use this space.

8386

1. PLACE OF DEATH  
 County Wkplb. Registration District No. 5364  
 Township Wkplb. Primary Registration District No. 267  
 City Union Star (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME John Henry Curley  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**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 Grace Curley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
49 | 9 | 12

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Gen. farming  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Hutchinson  
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER John H. Curley

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

12. MAIDEN NAME OF MOTHER Anna Kelly

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22. 1928

17. I HEREBY CERTIFY That I attended deceased from Mar. 21. 1928 to Mar. 22. 1928  
 that I last saw \_\_\_\_\_ alive on Mar. 21. 1928, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH? WAS AS FOLLOWS:  
Chronic Myocarditis  
93C

CONTRIBUTORY (SECONDARY) [Signature] (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) E. M. Reynolds M. D.

\*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 Union Star Cemetery DATE OF BURIAL 3/23 1928

20. UNDERTAKER J. H. Wilson ADDRESS Spring City, Mo.

14. INFORMANT Grace Curley  
 (Address) Union Star Mo.

15. FILED 3/23 1928 E. M. Reynolds  
 REGISTRAR

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

