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

Do not use this space.

85

16182

File No. 571

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No.

Township — Primary Registration District No. 1001

City: St Joseph (No. Mo Methodist Hospital St. Ward)

2. FULL NAME: Vernice Alva Curd

(a) Residence. No. (Usual place of abode) St., Ward. Gower Mo (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rand L.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 22 1885

7. AGE: Years 42 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

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

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Buchanan Co (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Thomas G. Barns

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Buchanan Co (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER: Tava Lyons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Buchanan Co (STATE OR COUNTRY) Missouri Mo

14. INFORMANT: Rand L. Curd (Address) Gower Mo

15. FILED 5/7 1928. John G. Ike REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from before May 6 1928, to May 6 1928, that I last saw h. alive on May 6 1928, and that death occurred, on the date stated above, at 12:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Dilatation of Heart

a-gone Heart

90D

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Angina

Heart Disease

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Joseph Mo Methodist Hosp

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) H W Freeman, M.D.

May 6, 1928 (Address) St Joseph 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: Gower Via Agto. — DATE OF BURIAL: May 9 1928

20. UNDERTAKER: Newton - By Gale and Bowman By R. E. Bowman — ADDRESS: St Joseph

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.