

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

Do not use this space.

31886

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 2003  
 City St. Louis Mo. (No. St. Louis Children's Hospital St. 9145 Ward)

**2. FULL NAME**

Edgar Curry  
 (a) Residence No. 3959 Washington 19 Ward. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) L

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-9-27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 8 2

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

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Newlyville Mo.

10. NAME OF FATHER Edgar Curry

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Carrington Arkansas

12. MAIDEN NAME OF MOTHER Madge Harris

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

14. INFORMANT L. Ketting  
 (Address) 500 S. Kingshighway

15. FILED SEP 15 1928 Max O. Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-11 1928

17. I HEREBY CERTIFY That I attended deceased from 9-10 1928, to 9-11 1928, that I last saw him alive on 9-11 1928, and that death occurred, on the date stated above, at 3:55 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Foreign body (peanut) in bronchus of lung.  
Pneumonia Lobar (duration) 0 yrs. 0 mos. 3 da.

CONTRIBUTORY (SECONDARY) secondary to foreign body (duration) 0 yrs. 0 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED Home  
 IF NOT AT PLACE OF DEATH? Home 9-10-28

2 DID AN OPERATION PRECEDE DEATH? 3 DATE OF 9-11-28 (2)  
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Operation & autopsy  
 (Signed) A. C. Edwards, M. D.  
9-12 1928 (Address) 500 S. Kingshighway

\*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 Valhalla Cemetery DATE OF BURIAL SEP 13 1928

20. UNDERTAKER Gullen Kelly ADDRESS 4534 Easton Ave

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.

