

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

Do not use this space.

33004

1. PLACE OF DEATH

County Jackson Registration District No. 400 File No. _____
 Township Blair Primary Registration District No. 5553B Registered No. 132
 City Little Blue Mo (No. Jackson County Home) St. _____ Ward _____

2. FULL NAME

Ed Curry
 (a) Residence. No. 1025 E. 19th (City, St., and State) Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 28 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 70 ✓ ✓

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) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Unknown

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Unknown

14. INFORMANT County Home Record
 (Address) Little Blue Mo

15. FILED 10/6/28 J.M. Schick
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-6- 19 28

17. I HEREBY CERTIFY, That I attended deceased from 8-1-, 19 28, to 10-6-, 19 28
 that I last saw him alive on 10-2-, 19 28, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY Smility
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____ ✓

0 DID AN OPERATION PRECEDE DEATH. no DATE OF _____

WAS THERE AN AUTOPSY. no

WHAT TEST CONFIRMED DIAGNOSIS. Physical Exam

(Signed) L.W. Booker, M. D.
 , 19 (Address) 2128 - Vine St.

*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 B.R.L. Cemetery DATE OF BURIAL 10-10 19 28

20. UNDERTAKER Flynn + Greenstreet ADDRESS Ke 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.

1928

