

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

Do not use this space.

35943

NOV 26 1928

1. PLACE OF DEATH

County Atchison Registration District No. 90
 Township..... Primary Registration District No. 4014
 City Taska (No.) St. Ward)

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Mary E Currie
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter Currie</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 12 - 1836</u>		
7. AGE	YEARS <u>92</u>	MONTHS <u>8</u>
	DAYS <u>27</u>	IF LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>At Home</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>		
PARENTS	10. NAME OF FATHER <u>Alexander Dutch</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	12. MAIDEN NAME OF MOTHER <u>Margaret Allison</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
14. INFORMANT <u>Kathleen Currie</u> (Address) <u>Taska, Mo.</u>		
15. FILED <u>Nov 22 1928</u> <u>Dr. Waugh</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1928 to Nov 9 1928, and that I last saw her alive on Nov 9 1928, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Capillary Bronchitis
107B 107B (duration) yrs. mos. 24 da.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Charles E. Furham, M. D.
Nov. 10, 1928 (Address) Taska, 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 <u>Francis Hill</u>	DATE OF BURIAL <u>Nov 11 1928</u>
20. UNDERTAKER <u>J. M. David</u>	ADDRESS <u>Taska, Mo.</u>

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.

